

A warm welcome to FSEM (UK). This photograph of the Council was taken on the 6th September 2007 at the Royal College of Surgeons of Edinburgh at the official ceremony admitting the Honorary Fellows, Foundation Fellows, and Members. Council Members wore the gowns of the Colleges and Faculties they represent emphasising its Intercollegiate nature.

The facial expressions encompass a sense of pride, a feeling of quiet satisfaction and the knowledge that the day carried with it a historic dimension.

As a co-signatory, I had started the day putting my name to the FSEM (UK) Certificates attempting to reproduce a uniform signature on the hundreds of certificates – Charles Galasko did a better job! The overwhelming response by the Foundation Fellows and Members was a tremendous vote of confidence in FSEM (UK). The list of Fellows and Members virtually includes a who's who of the leading SEM doctors. What a wealth of knowledge, wisdom, and experience this will bring to FSEM (UK). As I sat along with Mark Batt witnessing our President Professor Charles Galasko receive in turn the Honorary Fellows, Foundation Fellows, and Members of FSEM (UK), I recalled the late Ronnie Barker's BAFTA Tribute speech in 2004. He stated that the two words, "What luck!" had always been in his thoughts throughout his career. He specifically referred to the luck of working with individuals who share a common purpose with great determination and passion.

"What luck!" that the individuals representing the parent Colleges and Faculties forming the Shadow Board of the Intercollegiate Academic Board of Sports and Exercise Medicine (IABSEM) jelled so well back in 1996. As the group evolved forming IABSEM and later FSEM(UK), the interest increased as the difficulties began to be understood, and the skills in turn developed and grew. As of necessity a number of committees were formed and due to the small size of the faculty, representation on these committees put a substantial burden on most of us. The scope and purpose of these committees is well outlined in this Newsletter and it is hoped that this will encourage interest from the new Fellows and Members to join and contribute accordingly. The FSEM (UK) Council has already benefited in this respect and I am pleased to inform you that Ian Beasley, Richard Budget, and Rod Jacques have been elected to Council.

"What luck!" to have the skills of three determined leaders – Mike Brindle, Chairman of the Shadow IABSEM who



in his role as President of the Royal College of Radiologists volunteered to kick-start the process, Donald MacLeod who took over as Chairman of IABSEM, and Charles Galasko the current President of FSEM (UK). As Honorary Secretary I have been fortunate in working closely with them. Observing them at work has been analogous to

watching a series of master potters changing the shape of the revolving clay. The skilled potter's hands translate thought directly into form. In succession, their guiding hands using light pressure when required, have transformed us into what we are today.

"What luck!" to have such outstanding individuals

as the Right Honorable Richard Caborn, Donald MacLeod, David Sowden, and Sir Roger Bannister who have provided energy, vision, and support to SEM. We are pleased that they have accepted the Honorary Fellowships bestowed on them by FSEM (UK). Their citations along with Donald MacLeod's address at the ceremony of September 6th 2007 are also included in this Newsletter.

"What luck!" that the parental relationship with the Academy of the Royal Colleges resulted in FSEM(UK) being hosted by the Royal College of Surgeons in Edinburgh and the Royal College of Physicians in London. The support has been extremely generous and we are indeed very grateful to all the individuals in these Colleges who still support us.

Lastly but by no means least, "What Luck!" for me as Honorary Secretary to have the support of the "real"



secretary of FSEM – Yvonne Gilbert. Yvonne started working part-time a few hours a week in the days of IABSEM, and is now working full-time with the help of an assistant and will deservedly have her own FSEM office at the Royal College of Surgeons of Edinburgh in 2008. Where would we be without her?

In my role as Chairman of the Communications Committee, I am happy to inform you that the Newsletter will be paper-based in traditional format, but this will also be placed on the FSEM's (UK)'s website. Contributions are welcome and the closing date for the Spring Newsletter will be March 15th 2008.

I do hope you enjoy reading our inaugural newsletter. Wishing you all a Merry Christmas, and a prosperous New Year.

Victor Cassar-Pullicino
Honorary Secretary of FSEM (UK)



PRESIDENT'S COLUMN

Professor Charles S B Galasko

Welcome to the first Newsletter of our Faculty.

The Faculty grew out of the Intercollegiate Academic Board for Sport and Exercise Medicine at the beginning of 2006.



History

Sport and exercise medicine has a long history. A doctor was always one of the officials in the ancient Greek Olympic Games. Herodotus, one of Hippocrates' tutors pioneered therapeutic exercise as a treatment of disease and maintenance of good health in the 5th Century BC and Galen was probably the first team Doctor who, in the 2nd Century AD, looked after the gladiators.

A great stimulus to the development of sports medicine in the UK was the 1986 Commonwealth Games following which the three Scottish Medical Royal Colleges established a Board of Sport Medicine which defined a syllabus for sport medicine and established a Diploma Examination which became widely accepted as a safe standard of practice for Doctors providing medical services to a number of sports. At the same time there was the development of a number of other Courses and Diplomas including an Examination run by the Worshipful Society of Apothecaries.

In 1995 the Institute of Sport Medicine (subsequently the Institute of Sport and Exercise Medicine) convened a working party whose proposals included the establishment of a Faculty of Sports and Exercise Medicine (SEM), education of medical practitioners in SEM and establishing the standards of competence. Their proposals and recommendations were rejected by the Conference (subsequently the Academy) of Medical Royal Colleges and their Faculties.

In 1996 at a dinner during an academic meeting of the Institute, HRH the Duke of Edinburgh urged Dame Fiona Caldicott, the then Chairperson of the Academy to review the position. This led to the establishment of a working party whose recommendations were partly accepted by the Academy and which led to the development of the Intercollegiate Academic Board for Sport and Exercise Medicine (IABSEM) which was established in 1998. Its first task was setting and monitoring the clinical standards and establishing the Diploma Examination for the UK and Ireland. The Scottish Royal Colleges and the Society of Apothecaries generously gave up their Examination. The UK Diploma Examination in Sport and Exercise Medicine continues to be held twice a year.

The 21st Century saw the development of Government Policies to improve health and promote sporting exercise. In June 2003 Mr Richard Caborn, Minister for Sport convened a UK Sport, DCMS and DH Workshop with major input from IABSEM and which led to the development of a

working party whose recommendations were put out for consultation by the Department of Health and were subsequently accepted, as a result of which in February 2005 the Department of Health recognised Sport & Exercise Medicine as a Specialty. Parliament amended the Specialist Medical Order in September 2005 to create the new specialty.

IABSEM also established in 2004 a method of appraisal for Doctors in SEM working outside the NHS and during 2005 developed the curriculum for sport and exercise medicine which was accepted by the Specialist Training Authority in July 2005.

In October 2005 the Academy of Medical Royal Colleges agreed that IABSEM could develop into the Faculty of Sport & Exercise Medicine with its increased responsibilities listed below.

Role of the Faculty of Sport & Exercise Medicine (UK)

- Setting the standards in sport and exercise medicine.
- Establishing the training requirements and programs.
- Laying down the curriculum (subject to PMETB)
- Detailing the competencies required.
- Running the examination and detailing other assessments required.
- Acting for and representing the specialty.
- Bringing the specialty together and working with other organisations
- Education
- Research
- Appraisal

Development of the Faculty

The Faculty started its work in January 2006. Creating a new Specialty required development in a large number of areas. The current Council of the Faculty is shown in its entirety on the back of the newsletter. Members of Council have taken on several jobs and devoted much time in order to allow the Faculty to establish itself.

Her Royal Highness the Princess Royal honoured the Faculty by agreeing to become our Patron and launched the new Faculty and the new Specialty at the Royal College of Physicians of London in September 2006.

The main areas of the Faculty's development in the past 15 months are as follows:

Examination

The Faculty has continued to hold a twice yearly examination using a similar format to the UK Diploma Examination run by IABSEM and under the direction of Dr Carrie MacEwen, Chairman of the Examinations Committee. The Examination is an integral part of the training program and all trainees will need to pass the Examination before they can progress from ST 4 (second year Registrar) to ST 5 (third year Registrar).

Other individuals, who are not part of the training program, can also take the Examination if they have had suitable training and experience. With an increase in the numbers taking the Examination we require additional Examiners and any Member or Fellow of the Faculty who wishes to apply to become an Examiner should contact Dr MacEwen care of the Faculty of Sport and Exercise Medicine. 6 Hill Square, Edinburgh EH8 9DR.

Appraisal

The Faculty has continued to offer a system of appraisal to those Doctors working in SEM, who are working outside the NHS. Professor Wallace is Chairman of the Appraisal Committee.

Education & Training

The main responsibility of the Faculty is to ensure the standards of sport and exercise medicine and this includes ensuring that the training program is fit for purpose.

The Training Committee is Chaired by Professor Mark Batt who is also Chairman of our SAC. The SAC is responsible to JRCPTB (successor to JCHMT).

Because of the wide remit of Specialists in Sport and Exercise Medicine, after the curriculum was accepted by the Specialist Training Authority, it was reviewed by the Department of Health to ensure that there was sufficient training in Public Health. This required a few minor modifications and has been accepted by the Department.

With the development of the Post Graduate Medical and Training Board (PMETB) our curriculum, like the curriculum for every other Specialty had to be re-written to fit in with PMETB requirements. This required some modification. PMETB has also accepted our methods of assessment to be used at each stage of training but these will need to be updated in the next 2-3 years.

In general terms, Trainees having completed the year foundation programme will then enter core medical training or acute care common stem training before entering higher specialist training in Sport and Exercise Medicine. It is likely that the majority of Trainees will pass MRCP Part 1 during ST1 and ST2. There are a number of possible routes towards higher specialist training in sport and exercise medicine but it is likely that the majority of Trainees will train in acute general medicine and pass MRCP Part I during ST1 and ST2.

Successful applicants will then enter higher specialist training (ST3 – ST6) which will consist of four years at Registrar level rotating through a number of Disciplines including time spent outwith the NHS working with sports clubs, sports institutions, national sporting associations etc. Trainees will have to pass the Faculty's Diploma Examination before they can enter ST5.

Education

The Faculty, through its Training Committee and

involvement with the SAC will be primarily responsible for the education of Trainees.

The Education Committee will arrange meetings on specific topics from time to time but much of post-graduate education and continuing professional development will be carried out by BASEM and other bodies.

Research

The Faculty is working with the Institute of Sport and Exercise Medicine to establish a Joint Research Board. If the collaboration is successful it is likely that after a period of 3 – 5 years, the Institute will become the research board of the Faculty.

Standing Orders

The standing orders have been completed and are with the parent Colleges (The Royal College of Physicians of London and the Royal College of Surgeons of England). Once they have been agreed they will be forwarded to the Privy Council and once the Privy Council has accepted the standing orders the governance of the Faculty will change.

As indicated above IABSEM was established by the Academy of the Medical Royal Colleges and their faculties, those Colleges and Faculties which supported the development are indicated on our letterhead. The initial IABSEM Board consisted of a representative from each of these Colleges and Faculties. It was subsequently enlarged to include Chairman of Committees who were not College or Faculty representatives, Officers elected by the Council who are not also representative of a College or Faculty and the Lead Dean for Sport and Exercise Medicine.

It is important that now that the Faculty has been established and to fit in with our standing orders the majority of Members of Council are elected from the Fellows and Members of the Faculty. Elected Fellows and Members will serve for four years and will be eligible to stand for election for a further four year term. I want to congratulate Ian Beasley, Richard Budgett and Rod Jaques on being the first three Fellows/Members to be elected to Council. A further three will be elected in 2008, three in 2009 and three in 2010 making a full compliment of 12 elected members of Council. The other members of Council will be the Officers (President, Vice-President, Treasurer and Secretary) who will be elected by Council, Chairman of committees who are not already on Council, and two lay representatives. The representatives of the Colleges and Faculties will be reduced.

An Advisory Board will also be established. It will consist of representatives of the Colleges and Faculties who wish to maintain their involvement with the Faculty of Sport and Exercise Medicine, who will meet with the Officers on a six monthly basis and who will elect one of their number to Council. The Advisory Board will be established in 2008.

In the future the elected Members of Council will be the majority and play a major role in the governance

of the Faculty. Their election is therefore important as is your vote.

Fellowship and Membership

Following the establishment of the Faculty, nominations were sought for Fellowship and Membership. These have been considered by Dr McCurdie and his Fellowship Committee (see Dr McCurdie's report). The Faculty is dependant on its Fellows and Members if it is to be successful. Its Fellows and Members are the individuals working in sport and exercise medicine and I hope that as time goes by more will be involved in the running of the Faculty by seeking election to Council, being members of committees and sub-committees, working as Examiners, being Trainers etc. The future of the Specialty depends on the next generation (our Trainees) and our Fellows and Members.

Finance

The examination is cost neutral. Developing the new Specialty costs money and the only monies we currently have available are the subscriptions of our Fellows and Members. Without your support the Faculty will wither and with it the new Specialty of Sport and Exercise Medicine.

Anxieties

There are three major concerns:

1. Training numbers – Sport and Exercise Medicine is a new specialty and unlike every other specialty had no monies made available to it for its training posts. With the changes in training, all the posts in other specialties have come from funds previously made available to the Post-Graduate Deans as part of their budget. The funding for all SEM training posts had to come from the Post-Graduate Deans existing budget and because of pressures on post-graduate training funds the only Deanery that has been able to fund more than one training post is London. Discussions are ongoing with the Department of Health in an attempt to obtain funding for additional training posts.
2. The 2012 Olympic Games – Many Doctors will be required for the 2012 Olympic Games working with British Teams, working as venue Doctors, being involved in medical care of spectators and working in the Olympic Village medical centre. Currently, there are only three SEM Doctors on the specialist register. We hope that many more will get onto the specialist register via Article 14 and funding has been made available for some top-up training posts in order to help those who wish to apply to obtain the necessary competencies. Nevertheless, we are concerned that unless there is funding to increase the number of Registrars in the short term, we will not have enough Specialists on the Specialist Register in time for the 2012 Games.
3. It is generally accepted that sport and exercise is important in maintaining the health of the Nation and in combating the current obesity epidemic and reducing the risk of a variety of conditions including Type II diabetes, osteoporosis, cardiac disease etc

and that it plays an important role in the treatment of many disorders. The Faculty supports all these initiatives but is concerned that no regard has been paid to the fact that increasing the number of participants will also lead to an increase in the number of resultant injuries. As it is, the NHS does not have the facilities to deal adequately with all sport induced injuries, particularly soft tissue injuries and there needs to be an increase in the number of Specialists in sport and exercise medicine across the UK to support these initiatives.

Diplomates Day

Our first Diplomats Ceremony and Faculty Dinner were held on 6th September. Both were highly successful and I want to thank everyone who was involved and who made both occasions so successful.

S.A.C. TRAINING COMMITTEE

Professor Mark Batt

The SAC is Chaired by Professor Mark Batt, Vice Chairman is Professor Michael Cullen. The Postgraduate Dean for SEM is Dr David Sowden and he sits on the committee along with representatives from the Regional Specialist Training Committees who currently are: Dr Richard Budgett (London), Dr John Etherington (Armed Forces), Dr Nicholas Peirce (Trent), Dr Dougal Southward (Northeast England), Dr Brian Walker (Scotland) and Professor Michael Cullen represents Northern Ireland. Other members of the SAC include Professor Stuart Hillis, Dr Simon Sheard, Dr Jumbo Jenner, Professor Charles Galasko (President of FSEM), and the final member of the committee is Dr Ian McCurdie who with Professor Michael Cullen have steered the Article 14 committee. The committee also has representation from either Dr Simon Till or Dr Paul Marfleet from BASEM. The committee in the future will be joined by other regional specialist training committee leads has SEM training expands regionally.

The committee receives excellent logistical support from Ms Lesley Hagger Catherine Webb and Ms Lisa Hawke who are now part of the Joint Royal Colleges of Physicians Postgraduate Training Board (formally Joint Committee on Higher Medical Training). The secretariat for the SAC in SEM is based at JCRPTB at the Royal College of Physicians of London. This is consistent with the Faculty being jointly hosted between the Royal College of Surgeons of Edinburgh and the Royal College of Physicians of London.

In September 2005 the new medical order: the General and Specialists Medical Practice (Medical Education, Training and Qualification) Order 2003 set up the Postgraduate Medical Education and Training Board (PMETB) as the new single competent authority whose key responsibilities are:



1. Setting standards
2. Curricular review
3. Approval of curricular programmes post and GP trainers
4. Recommendation of doctors to be admitted to the specialist and general practitioner registers.

It is the responsibility of the SAC to work on behalf of the Faculty with PMETB and with the Postgraduate Dean to ensure these standards for training are met. Readers are strongly advised to look at the websites of PMETB, JRCPTB and the Faculty of SEM.

The current business of the SEM SAC includes:

- Membership of the SAC
- Obtaining final curriculum approval for SEM training from PMETB - done
- Working with PMETB on assessments relating to SEM curriculum and seeking approval - done
- Development of materials for JRCPTB website
- Supporting the development of training sites regionally across England, Wales, Scotland and Northern Ireland
- To receive updates on recruitment into speciality and review of training programmes
- To receive and understand the business of JRCPTB, PMETB and receive regular updates on modernising medical careers
- Involvement in discussions regarding the future of the medical workforce. There is a current discussion paper out for consultation from the NHS Employers which is part of the NHS Confederation

The minutes from SAC meetings are placed on the JRCPTB website along with other useful material and fellows and members are urged to view these at their leisure.

TREASURER'S REPORT

Professor Peter Helms

As the youngest faculty of the Academy of Royal Colleges we are meeting significant challenges in meeting our responsibilities for a wide range of activities including the UK Diploma examination in Sport and Exercise Medicine, the training curriculum of our newly recognised discipline, the methods of assessment and the requirements for those wishing to be considered for entry onto the Specialist Register in Sport and Exercise Medicine and the appraisal and ultimately revalidation of sport and exercise medicine practitioners.

At present our only sources of regular income to meet all these demands are the diploma exam, and the subscriptions of fellows and members. The Diploma examination as a rigorous and comprehensive

assessment of competencies and skills of SEM practitioners requires considerable input from fellows and members together with educational resource from one of our host colleges, The Royal College of Surgeons Edinburgh. In order to sustain the validity of our exam all our examiners also require constant updating and training. With 20-30 candidates per diet the aim is make the exam cost neutral thus leaving the financial burden of the other functions of the faculty to our fellows and members.

As with any not for profit organisation with educational and professional responsibilities FSEM is eligible for charitable status which helps reduce our outgoings. In addition to the goodwill and considerable input of members of council we have office and administrative core support in Hill Square and have a target of establishing a financial reserve large enough to secure running costs of at least 1 year together with a modest contingency fund for the unexpected. Examination fees membership and fellowship subscriptions are reviewed annually taking our statutory obligations as a faculty and those of our examination candidates our members and our fellows into account. In recognition that our costs are likely to rise in line with further development of the speciality and in order to reduce the burden on members and fellows the Faculty is also exploring other sources of funding. In this regard we have received support from International Association of Olympic Medical Officers, UK Sport and from the Frances and Augustus Newman Foundation and we are actively looking to engage with other similar bodies and ethical companies that would like to support the cause of sport and exercise medicine.

In addition to our key activities we are also seeking to encourage and foster activity that will promote the clinical and scientific foundations of the specialty. In this regard a memorandum of understanding has been agreed with the Institute of Sport and Exercise Medicine (ISEM) in order to establish the research and development section of the faculty.

In all these activities the treasurer is supported by the Faculty Finance committee but without the continuing support of our members and fellows none of the activities and work of the faculty in promoting excellence in sport and exercise medicine would be possible.



EXAMINATION COMMITTEE

Dr Carrie MacEwen

Since the inception of the Faculty the Exams Committee has continued to oversee two diploma exams per year. The number of candidates has steadily increased and this is welcomed by the Faculty.



With changes in postgraduate medical education with the implementation of MMC under the governance of PMETB, issues around quality assurance and standards have been high on the agenda of the exams committee. For many years the exam has been externally assessed and improvements made based on the assessor's report. This continues to be important. Assessment of the examiners will also be carried out by trained assessors in the future.

With regard to standardisation, it has been agreed that future Part 2 exams will be held in only two sites (the Worshipful Society of Apothecaries in London for the spring diet and the Royal College of Surgeons of Edinburgh for the autumn diet). This ensures that any limitations of the venue itself can be minimized and that equipment is owned and maintained by the Faculty. The make up of papers is more closely reviewed than previously and this is to ensure a better balance to the assessment. Standard setting of each exam is vital and steps are being taken to make this system more robust. Advice has been sought from educationalists as to the optimum format of the exam, and this will result in small changes to the written papers which will be gradually implemented over the next 2-3 years.

The competencies to be examined in the diploma require to be clearly stated and work on an approved syllabus - which is more closely related to the curriculum - is a matter of importance for the committee in the near future. It is important that the exam reflects the curriculum competencies.

The make up of the committee is also evolving and more members have been and will be co-opted for the individual experience and this will be a matter for discussion at future committee meetings.

The committee continues to work to make PMETB demands for fitness of examinations for purpose and also requires to work on appropriate feedback strategies.

Further work carried out by the Chair of the committee in association with the President of the Faculty has been consideration of the equivalence of other examinations in Sports and Exercise Medicine to that of the diploma run by the Faculty. This is not for trainees in Sports and Exercise medicine but will be used for candidates wishing to apply for entry to the specialist register via article 14.

The Exams Committee of the Faculty of Sports and Exercise Medicine oversees the two diets of exam

each year. The numbers of candidates for the exams has been gradually increasing which is very positive for the Faculty.

The exam consists of two parts. Part 1 being the multiple choice questions and the short answer questions and Part 2 being sat approximately 6-8 weeks later consists of structured Viva's and an OSCE examination. Both parts of the exam are reviewed by an independent assessor which has led to a continuing improvement of the set up and conduct of the exam when the Assessor's Report has been taken into account and implemented.

Each examination is rigorously reviewed by the committee prior to the contents being finalised and in particular this ensures an appropriate standard and prevents any repetition.

The venue of the exam has now been set to take place in two locations only. The spring diet of the exam will take place at the Apothecaries in London and the autumn diet will take place in the Royal College of Surgeons in Edinburgh. This ensures that the appropriate equipment is available at each site and any short comings of the site can be modified with ease.

The exam will continue to evolve and closer scrutiny of the content and appropriate standard setting continues to be priorities.

An examiners meeting is due to take place in September for further examiner's training and in order for the Examinations Sub-Committees to meet face to face with regard to future examinations and questions.

FELLOWSHIP COMMITTEE

Ian McCURDIE

The Fellowship Committee (formally known as the Credentialing Committee) was formed in 2005 to consider applications for Foundation fellowship & Membership of the new Faculty of SEM(UK).



The committee's current Chairman, Dr Ian McCurdie, was co-opted onto the Faculty Board to set up this committee after stepping down as the Board's representative for the medical services of HM Forces. The other current members of the committee are Professor Michael Cullen, Mr John Aldridge & Dr Charlotte Cowie. Although the board has met on a few occasions, most of its work is done through e-mail and telephone calls. To date, the committee has received and processed over 500 applications for Fellowship and Membership. Each application received is copied and sent to 2 committee members for adjudication. In some cases, the application is discussed among the whole committee.

The outcome of each application will usually be one of the following:

- Application is accepted & election as Foundation Fellow, Foundation Member or Senior Fellow (retired from practice) is offered;
- An Application for Fellowship is considered to be more appropriate for the category of Membership, which is then offered.
- Further information is requested to clarify the application before a decision can be made (usually about ongoing CPD in SEM and job plan);
- Application is rejected;

The table below gives a breakdown of the outcome of these applications.

	Fellowship	Membership	Totals
Applications to date	266	235	501
Accepted	172	218	390
Elected Senior Fellows	11		11
Membership more appropriate		59	59
Further information requested	6	11	17
Rejected	4	11	15
Honorary Fellows	4		4
Total numbers elected to date	187	277	464

There are no strictly essential criteria for election as a Fellow or Member – the wide range of backgrounds and experience of the applicants make it almost impossible to set rigid criteria. The criteria for election are not those used by the RCSI in their election process and the two processes should not be considered equivalent.

It is worth restating the difference between Fellowship and “specialist status” in SEM. The former is offered by the Faculty SEM(UK) and enables the holder to contribute to the ongoing development of SEM through involvement in various Faculty activities. The latter refers to a clinician whose name appears on the GMC Register of Specialists under ‘SEM’ and who is thereby eligible to hold a Consultant post in SEM. Entry on to this register is only achieved through completion of a formal specialist training programme in SEM culminating in the award of a CCT (certificate of completion of training) or by application through PMETB for a CESR (certificate of eligibility for the specialist register, previously known as “Article 14”). Fellowship of the FSEM(UK) is not a recognition of, nor is it equivalent to “specialist status” in SEM.

All the information submitted by the applicant is taken into account before a decision is made (ie. letter plus CV) and, by definition, the decision can only be made on the basis of the information submitted. The descriptions below give some indication of the type of applicant that might be elected to Foundation Fellowship or Membership.

Fellows

Fellows should usually be practising SEM as their main specialty – broadly for about 5 yrs or more full time or about 10 yrs part time, with SEM as the predominant content of their job plan. They should also have made a significant contribution to the development &/or delivery of SEM in the UK or internationally (this might be in a specific clinical area, in research or education, or in a closely related specialty).

Members

Members should have SEM as a special interest, but not necessarily as their main specialty (eg. GP’s, surgeons, etc with some element of SEM in their practice). They should preferably have experience & involvement in more than one area of SEM (ie. not limited to a single sport or clinical area). Although they are not required to hold a PG qualification (such as a Diploma or MSc), they should be able to demonstrate ongoing CPD in SEM (which should, for those involved in a single sport or clinical area, extend to cover other areas of SEM).

Appeals

All applicants have a right of appeal. In all such cases, the applicant’s details are referred for independent consideration by an Appeals panel, led by Prof. Angus Wallace. The details of this process are reported separately.

APPRAISAL COMMITTEE

Professor Angus Wallace

The FSEM Appraisal system was established in Spring 2005. The aim of the Appraisal is to provide a formative assessment of the Sports Medicine doctor’s training, experience, performance and to develop forward plans for the next 2 years. The appraisal is not a test. It has been designed to provide one to one guidance by a trained appraiser which is focussed on identifying the level of training which has been achieved by the appraisee, how much experience they have gained in their field, and the feedback which has been provided from the appraisee’s employers. The appraisal then focuses on the identification of a forward plan for their personal job plan and for their further training, appropriate course attendance, and further experience or research.. The appraisal is an opportunity to take an overall view of work content, work loads and volume, and to look back on what has been achieved during the past 2 years and then agree objectives for the next 2 years.

It is important that the appraisal reviews performance in confidence and in a non-threatening way, to explore the potential of a post and to identify the training and career planning needs of the appraisee to fulfil that potential.



Performance and Reward reviews are quite different and are not part of the appraisal system. They give managers and post-holders opportunities to discuss how the post-holder is progressing and to see what sort of improvements can be made to build on their strengths and enable them to perform their role more effectively. At these reviews, outcomes from the appraisal process should be referred to when exploring development needs and in order to predict the level and type of work that post-holder will be capable of in the future. These reviews should facilitate the post-holders development for the sake of their own career and to maximise their contribution to the organisation. Reward reviews may be separate from performance reviews. They determine the 'rewards' that employees will get for their past and future work. This review is often assisted by information provided by the appraisal process. In addition the appraisal system may be used to help determine whether post-holders should receive an element of financial reward for their past performance.

It was agreed from its initial development that the FSEM Appraisal process should be bi-annual. To date there have been 19 applications for FSEM Appraisal with the first taking place in June 2005.

The fee for Appraisal was set at £100.00 to review the written application and recommend whether applicants are suitable to proceed to a full on-site appraisal. The on-site appraisal fee is £490.00.

From the 19 appraisals applications between 2005 and 2007 18 have been completed, with one appraisal still pending and one applicant went through his second on-site Appraisal Interview in October 2007.

Thanks to the Appraisers

For the appraiser, carrying out appraisals can be a difficult and sometimes a really challenging task. The appraiser has to help the appraisee to understand their strengths and weaknesses in a diplomatic way. We are really grateful to those who acted as appraisers for the FSEM during the past two and a half years. These include:

Prof Mark Batt	Dr Jumbo Jenner
Mr Mike Allen	Dr Ian McCurdie
Dr Wendy Dodds	Dr Nick Peirce
Brigadier Graham Hopkins	Prof. Angus Wallace
Dr Paul Jackson	Dr Richard Wells
Dr Rod Jaques	

In 2008 we will be running one course for appraisers so that we are able to call on more appraisers over the next two years.

EDUCATION COMMITTEE

Professor Stewart Hillis



The activities of this year have been limited to joint ventures with other groups until the financial position is stabilised and a budget discussed. Activities have included opportunities to present the activities of the Faculty at established meetings and several joint meetings have been arranged. A presentation was made at the Football Association Annual Sports Medicine Meeting. Previous overtures were made to see whether a more formal relationship could be made. The FA feel that the arrangement they have at present with the Royal College of Surgeons of Edinburgh suits their needs but further discussion could be undertaken in the future.

Prof. Mark Batt and Michael Cullen made a joint presentation to the autumn meeting of BASEM concerning the role and activities of the Faculty.

A joint meeting with the RSM, ISEM and FSEM, titled Sport in Schools will be held on Friday 30th November 2007.

A joint meeting of the Faculty with the Scottish Football Association and Royal College of Physicians and Surgeons of Glasgow will be held on Tuesday 12th February. The topic will be Exercise Prescription in Health and Disease.

The Faculty has endorsed a meeting titled Sport Foot and Ankle meeting convened by Prof. Bill Ribbans at the Royal College of Surgeons on 8th/9th May' 2008. Several of the speakers are members or fellows of the Faculty.

The College of Emergency Medicine has requested a joint meeting with the faculty at their meeting in London on 14th and 15th May 2008. An organisational meeting has been arranged for 30th November to confirm the Programme and the Faculty's Contribution.

2012 OLYMPIC GAMES

LONDON

Dr Richard Budgett



The 2012 Olympic Games in London are both a major challenge and opportunity for Sports & Exercise Medicine in the UK. The challenge is to produce enough properly qualified Sports & Exercise Medicine Specialists to provide a service not only to the Great Britain Team but also for the London Organising Committee of the Olympic Games (LOCOG) in order to provide the best medical service ever at an Olympic Games. Members and Fellows of the Faculty will be key to sports & exercise medicine provision at the Olympic and Paralympic Games in 2012.

As Chief Medical Officer for the British Olympic Association I presented with the Chief Medical Officer from the Department of Health (Liam Donaldson) to the IOC in February 2005 and saw at first hand how the prospect of winning the Olympic bid galvanised the Government and the Department of Health into action so that Sports & Exercise Medicine was recognised as a speciality in time for that presentation. Subsequently, winning the bid has provided the stimulus for six funded training posts in Sports & Exercise Medicine from the London Deanery and thanks to the enthusiasm amongst colleagues, Trusts, General Practice and Public Health a further nine posts have been identified and funded.

I have been appointed as Chief Medical Officer for LOCOG one year earlier than any previous CMO of an Olympic Games, initially just half a day a week. A full time Medical Manager has just started which will enable us to make progress on planning medical services, and another manager specifically to look after antidoping will start in October 2007. Medical Services includes all health services to the Olympic Family (for the time of the Games) and spectators (during any event), as well as the antidoping programme, which runs throughout the time the village is open. As CMO I am supported and helped by the Medical Advisory Group which at present has representatives from the British Paralympic Association, the British Olympic Association, the National Health Service, the Department of Health, the local Trust, the London Ambulance Service, the Health Protection Agency and Anti-Doping. I plan to develop this group and sub groups further over the next year. LOCOG has been impressed by the enthusiasm and initiative of medical groups. I will have no trouble persuading colleagues to become involved or finding enthusiasm for the task ahead and I see that my main task will be to guide and direct the energies of individuals and organisations so that we can provide optimum health care and anti doping services through the Olympic and Paralympic Games. There will be a core of professional staff but volunteers will deliver the vast majority of medical care. The support, training, quality and

commitment of medical volunteers will be the main factor determining how health care at the 2012 Games is viewed. We are also going to focus on using information technology to optimise medical records, audit and imaging. Over the next year I and the two new managers will be looking for inspiration and ideas from colleagues on how we can make health and anti-doping services exceptional and leave a lasting legacy for health, exercise and sports & exercise medicine.

IRISH FACULTY OF SPORTS & EXERCISE MEDICINE(RCSI & RCPI)

Dr Pat O'Neill

The Faculty of Sports and Exercise Medicine (FSEM) is the joint intercollegiate medical specialty of the Royal College of Surgeons in Ireland (RCSI) and the Royal College of Physicians of Ireland (RCPI); and is the statutory professional regulatory body, designated by the Medical Council, for the specialty of Sports and Exercise Medicine in the Republic of Ireland.

The Board of the Faculty of Sports and Exercise Medicine consists of the Presidents of the Royal College of Surgeons in Ireland and the Royal College of Physicians of Ireland as ex-officio members; a nominee from the Council of each of the Colleges; and up to 14 Fellows elected by postal ballot by all the Faculty Members and Fellows.

The Royal College of Surgeons in Ireland (RCSI) and the Royal College of Physicians of Ireland (RCPI) were both initial members of the former Intercollegiate Academic Board of Sports and Exercise Medicine (IABSEM) of Great Britain and Ireland.

There has been past, ongoing and developing liaison, representation and collaboration between the two faculties since the Faculty of Sports and Exercise Medicine (FSEM UK) assumed the role of the Intercollegiate Academic Board of Sports and Exercise Medicine (IABSEM). Prof Donald Macleod was a particular instigator and promoter of the collaboration and cooperation that developed between the two faculties.

There is reciprocal representation on the respective Council and Board of the two faculties - Faculty of Sports and Exercise Medicine (FSEM UK) and the Faculty of Sports and Exercise Medicine (RCSI & RCPI),

Dr John Jenner or Prof Leo Stassen represents the Faculty of Sport and Exercise Medicine (FSEM UK), and Dr Pat O'Neill the Faculty of Sport and Exercise Medicine (RCSI & RCPI), on the respective Faculty Board and Council.

The Executive Officers of the current Board of the Faculty of Sports and Exercise Medicine (RCPI & RCSI) are Dean: Dr Pat O'Neill. Vice-Dean: Dr Philip Carolan. Honorary Secretary: Dr Philip Carolan. Treasurer: Dr Rod McLoughlin. The other members are:

Dr Mary Archer, Mr Cliff J Beirne, Mr James Colville, Dr Joe Cummiskey, Dr Pat Duggan, Dr Michael Griffin, Dr Frank McGrath, Dr Martin McConaghy, Prof John M O'Byrne and Dr John O'Riordan.



Board of the Faculty of Sports and Exercise Medicine, RCPI & RCSI

Front Row: L to R: Prof Niall O'Higgins, Dr Philip Carolan, Dr Conor O'Brien, Prof Gerald O'Sullivan, Dr Pat O'Neill (Dean), Dr John Donohoe, Dr Rod McLoughlin

Back Row, L to R Mr J Cliff Beirne, Dr Pat Duggan, Dr Michael G Molloy, Dr Michael Griffin, Dr Joe Cummiskey, Mr Ray Moran, Mr James Colville, Prof John O'Byrne, and Dr Frank McGrath.

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FSEM ADDRESS 6th September 2007

Professor Donald A D Macleod

President, Council, Fellows, Members and Honoured Guests. Fellows and Members – it has a nice ring to use these terms. Isn't this a splendid occasion. Everyone here is celebrating – celebrating recognition of our Faculty; celebrating the first successful Council elections and Diploma Ceremony; celebrating recognition by your peers of your contribution to and experience in Sport and Exercise Medicine; celebrating passing exams and winning medals. Your families, friends and colleagues are immensely proud of your achievements. Your patients are reassured that your high standards of clinical practice have been acknowledged. A super day – enjoy it and remember it.

My personal celebration is coloured by the intimidating prospect of standing before such an array of talent to deliver this address. I hope I won't spot anyone looking at their watch and shaking it to see if it is still going during the next 10 minutes.



First of all, my sincere thanks to Professor Helms for his very generous remarks about my endeavours pursuing formal recognition for Sport and Exercise Medicine and for the Doctors practising this previously unrecognised Specialty.

I could not have achieved anything without the incredible love, support and understanding of my wife and family. They have had to put up with a lot and I am eternally grateful. In addition, there has been a battalion of colleagues with whom I have worked, many of whom are here today – my most sincere thanks to you all.

I would like to acknowledge one colleague – our President Professor Emeritus Charles Galasko is a remarkable man. His contributions to clinical and academic Trauma and Orthopaedic Surgery are immense and he is truly an internationally recognised figure in his specialty. I have enjoyed working with him for 15 years, initially because of our roles in The Royal Colleges of Surgeons in Edinburgh and London and latterly with our mutual desire to promote Sport and Exercise Medicine. His credentials are impeccable with a life-long involvement with the sport of wrestling as a participant, administrator and medical officer including service at the 1988 Seoul Olympics, and the 1986 Edinburgh and 2002 Manchester Commonwealth Games. For the past 4 years he has given great leadership to the Intercollegiate Board and now The Faculty. Robert Louis Stevenson would have described him as “a bonnie fechter”.

This lovely old building and hall, in which many of today's Members and Fellows will have enjoyed the buzz of an oral or practical exam, was designed by William Playfair and opened in 1832. This was 4 years after Burke was executed and Hare turned King's Evidence about their practice of grave-robbing and murder, taking the bodies for dissection to the previous building housing this College – dissection by the surgeon-anatomist and lecturer Robert Knox. Allegedly, he didn't know what was happening until one of his medical students recognised one of the “fresher” bodies as a prostitute with whom he and some fellow students had spent the previous evening.

The College has a wonderful collection of portraits. The gentleman over the door is King James IV who, on 13th October 1506, gave Royal Assent in Parliament to The Seal of Cause issued by the Provost, Baillies and Council of the Burgh of Edinburgh on 5th July 1505 establishing the Incorporation of Barber Surgeons. The Seal of Cause is a remarkable document. Applicants wishing to join The Incorporation had to be “diligently and knowledgeably examined”. Successful candidates had to pay a substantial fee to join the Incorporation and pay for a dinner for their masters. Not a lot has changed in 502 years!

Enough of history. Let us look at the future – the future of this, our Faculty – especially to the future of our new Members and Fellows as you are

tomorrow's Council and professional leaders. The Faculty must be politically shrewd, developing and strengthening ties with Deaneries and especially Medical Schools, where there is a continuing void; with the British Association and The Institute of Sport and Exercise Medicine. Driving forward with multi-professional and multi-disciplinary links will reinforce The Faculty's identity as leading Sport and Exercise Medicine in the UK by forging links with other branches of Medicine, with the Sports Sciences and with the Allied Healthcare professionals. The Faculty must never forget its responsibility to promote the public's health through exercise and sport for fun and fitness - a key factor in ensuring Government support for our development. The Faculty must avoid focusing on sport for success. Fellows and Members must avoid the perception that they are only interested in the entertainment, media-driven, gladiatorial and business end of the sporting spectrum. Medals matter but winning can also be demonstrated by less obese, more active, healthier pupils in a secondary school. Now there's a challenge! The late President Kennedy said in 1962 ... "Physical fitness is not only one of the most important keys to a healthy body, it is the basis for dynamic and creative intellectual activity".

Sub-specialty interest groups will inevitably develop within the Specialty. Never forget that you have to be a good doctor before you can be a competent specialist and that no one sub-specialty is more important than any other. For the generalist, variety will be the spice of life but the specialist in a sport or event will face constantly changing challenges such as ever younger selection of children for participation in a sport or event, increasingly intensive preparation for performance; illness and injury prevention; and rehabilitation after treatment. All sports doctors must help detect and prevent what has been described as the "VD" of sport - violence and drugs.

The future of The Faculty and Specialty requires every Member and Fellow to audit their practice, to teach, to present at meetings, to publish their experience and participate in research. The public, the media, the lawyers, the politicians but most of all our peers in other branches of medicine need to be reassured that we are making a significant and positive contribution to health as well as sport. Accident and Emergency Medicine has gone through this process over the last 10+ years and has made a great success of gaining recognition for their Specialty. For example one question that needs answered is: what is the price to the individual and society of top level competitive and professional sport - especially football, rugby, boxing and anything to do with horses? Cumulative brain injury, prematurely degenerated joints; burnout; family disruption leading to breakdown in relationships.

Enthusing students and trainee doctors to work in any specialty is dependent on the role models they encounter - charismatic teachers who excite their interest and encourage their personal development.

Role models who convince them that the search for experience and training as well as all the studying is worthwhile. Sport and Exercise Medicine's role models are gathered here this afternoon - you are today and tomorrow's role models. An awesome responsibility but also a great privilege.

The Faculty and Specialty cannot be satisfied with our achievements to date, creditable though they are. Many challenges lie ahead, not least establishing imaginative training programmes and continuing professional development which enthuses the most cynical, thrashed and independently-minded clinicians, whether young or old. We have come this far by playing other people's games - to their rules, rules laid down by The Academy of Medical Royal Colleges, The Postgraduate Medical Education and Training Board, The Committee of Postgraduate Medical Deans, The General Medical Council and we still have to satisfy the Privy Council. At last, The Faculty and Specialty has significant status and strength in the number of our Fellows and Members. And our Fellows and Members are not ordinary men and women - they are pioneers. Pioneers who stood up and were counted, who responded to the challenge of fighting, invariably against the odds, for a healthy, fit and self-confident nation who exercisers and sports participants could enjoy striving for success and giving of their best whether it be at the school sports or the Olympics, the Sunday league or the World Cup.

To misquote the late President Kennedy from his Inaugural address ... "ask not what The Faculty can do for you, rather ask what you can do for your Faculty" that will strengthen Sport and Exercise Medicine as a specialty to the benefit of the whole population and give you immense life-long professional satisfaction. I will close with an old Scottish blessing:

*"May yer honest heart never feel distress,
May the winds of adversity never blow in your face,
May Health and Joy be with you all of your days."*

Thank you.

HONORARY FELLOWS 2007 CITATIONS

The Rt Hon Richard Caborn MP

Richard Caborn, Member of Parliament for Sheffield Central, is the Prime Minister's World Cup Ambassador. He was elected to the House of Commons at the 1983 General Election.

Prior to his recent appointment, Richard was Minister of State for Sport in the Department for Culture, Media and Sport, an office he held from June 2001 until June of this year (2007).

It was during this time that Richard did much to forward the cause of Sport & Exercise Medicine. Following consultation he hosted a meeting in March 2003 - The Way Forward: The future of Sports



Medicine which provided the 'spring-board' for the development of a 4 yr curriculum and the subsequent development of the specialty. Indeed, it was Richard who later facilitated the meeting with the then Minister of State for Health and the CMO which sealed a successful application to The DH for SEM to become a medical specialty.

Richard is a keen amateur sportsman, playing golf, football and cricket, and in 1995 led the tour to South Africa of the House of Commons cricket team. He was involved in bringing The World Student Games to his native Sheffield in 1991, as well as the successful bid to make Sheffield a key site in the EIS network.

Richard is married with two children and lives in Sheffield. As a community of SEM Drs we owe Richard a huge debt of gratitude – this award of Honorary Fellowship is both a thank you from, and a very warm welcome to The Faculty of Sport and Exercise Medicine. We look forward to receiving his wise counsel in the future as an Honorary Fellow of the Faculty of SEM.

Professor Mark Batt.

Mr Donald Macleod

Donald was born in 1941 and commenced his education in Selkirk, progressing to Edinburgh Academy and then on to Gordonstoun. He graduated from Edinburgh in 1965 and was elected to the Fellowship of the Royal College of Surgeons, Edinburgh in 1969, with subsequent appointment as Consultant General Surgeon at St John's, Livingston where he worked from 1976 until his retirement in 2001.



Despite a demanding work schedule he has established himself as a leading figure in postgraduate surgical training and in sports and exercise medicine, respectively as Associate Postgraduate Dean in Surgery and Chair of the Intercollegiate Academic Board of Sports and Exercise Medicine, the predecessor of the Faculty. He also chaired the Medicine Working Party of the Scottish Commonwealth Games bid for 2014 and continues to act as Chair of the Medical Advisory Committee of the Scottish Rugby Union.

He clearly practices what he preaches as far as the benefits of sports and exercise are concerned with recent events such a cycle ride from London to Paris in 2005, completion of the coast to coast TGO Challenge in 2006 and this current year. What you see today is a man who has helped shape sports and exercise medicine in the UK and on the international stage.

In all these achievements and responsibilities, he has been blessed with a fulfilled family life. Today, 6th of September, happens to be Donald and Lucille's 41st wedding anniversary. From their first meeting in medical school and their marriage during their

residency year, they have parented three children, currently enjoying the companionship and challenges of four grandchildren.

Donald has been, and continues to be, a wonderful ambassador for his craft and for sports and exercise medicine.

Professor Peter Helms

Professor David Sowden

David Sowden is Dean of Postgraduate Medicine, University of Nottingham, Dean Director Trent Multi Professional Deanery, Lead Dean Obstetrics and Gynaecology, Lead Dean Cardio-Thoracic Surgery, Non-Executive Director Joint Management Board Workforce Review Team and National Workforce Projects, Lead Dean Sport and Exercise Medicine and Visiting Chair at University of Lincoln.



David joined the Measham General practice in Leicestershire, as a GP Principal, following vocational training in Lincolnshire and remained there until his appointment as Postgraduate Dean in Nottingham.

In his role as Lead Dean for Obstetrics and Gynaecology, Cardiothoracic Surgery and most recently Sport and Exercise Medicine, He has become increasingly involved in a number of national Colleges and Faculty based activities linked to the quality of care provision within these specialty areas.

David was appointed as Lead Dean for Sport and Exercise Medicine (SEM) in May 2005 and has been directly involved in the establishment of the new Faculty of Sport and Exercise Medicine (UK), its approval as a medical specialty by the Specialist Training Authority in September 2005 and is a founder member of the Faculty's UK Council. He continues to provide, detailed input on the SEM specialty training curriculum and the organisation of postgraduate medical education in this new specialty and is also on the Specialty Advisory Committee for SEM. In addition he has been instrumental in establishing the first training post in this specialty in the UK in Nottingham.

David has also, recently, been involved in national discussions (with representatives of the Chief Medical Officer's office) over the development of Sport and Exercise services linked to the Public Health White paper and the promotion of physical activity.

Professor Angus Wallace

Sir Roger Bannister CBE

Sir Roger Gilbert Bannister
Was born in Harrow, Middlesex
in 1929. The family moved to
Bath at the outbreak of World
War II and he went up to Oxford
University in 1946 followed by
full-time medical studies at
St Mary's Hospital Medical School,
London in the early 1950's.



In 1948 as a 19 year old student at Exeter College he
was elected President of Oxford University's
athletic club and achieved his objective in
changing the uneven athletics grass track with a
new six lane track that conformed to international
specifications.

Aged 25 on May 6th 1954, at the University's Iffley
Road athletics track, Oxford, Roger Bannister
made history by breaking the "unbreakable record"
of running the "miracle mile" in 3:59.4 with Chris
Chataway and Chris Brasher as his pacemakers.
In the same year he was awarded the prestigious
Silver Pears Trophy, secured the European 1500
meter title, received the first Sportsman of the
Year award of the American magazine Sports
Illustrated, retired from competitive running and
published his autobiography "First Four Minutes"
in 1955. He served as the first Chairman of the
Sports Council of Great Britain (1971-1974), and
became President of the International Council for
Sports and Physical Recreation (1976-1983). While
working on the Sports Council he successfully
argued for random drug testing devising the first
tests for anabolic steroids regarding it as "that's up
there with anything I did on the track but it still
took ten years to make the break through". He
actively supported the creation of the British
Journal of Sports Medicine and is Patron of the
British Association of Sport and Exercise Medicine.
He was Knighted in 1975 and the 50th anniversary
of Sir Roger's achievement was marked with a
commemorative British 50 pence coin which shows
the legs of a runner and a stopwatch.

He qualified as a bachelor in medicine the same
year he broke the symbolic four minute barrier and
later achieved an Oxford Doctorship in medicine
by thesis. Medically he has had an outstanding
career combining active research and clinical
practice as a world renowned Neurologist, serving
as a director of the National Hospital for Nervous
Diseases, as well as a Trustee of St Mary's Medical
School in London and Master of Pembroke College,
Oxford. He is a talented writer and editor. He
published his first research papers in 1953 and the
main focus of some 80 original papers is on the
autonomic nervous system. He edited multiple
editions of his text books Autonomic Failure: A
textbook of clinical disorders
of the autonomic nervous system and Brain and
Bannister's Clinical Neurology. In his own words
he considered "..... the subsequent 40 years of

practicing as a Neurologist more significant", and was
duly recognised in 2005 for his academic achievements
by the American Academy of Neurology.

On 6.5.2004 on his return to Oxford University's
Iffley Road sports ground to celebrate the 50th
anniversary of his achievement he remarked, "I
hope this acts as an inspiration to sports men and
women everywhere to keep striving to achieve their
best through personal effort".

As Domhnall MacAuley wrote in the Lancet in 2005
when he profiled Roger Bannister "he is forever
seeking excellence the rewards are meaningless it
is simply seeking excellence for its own sake".

Dr Victor N Cassar-Pullicino

FSEM FELLOWS AND MEMBERS

Admitted up to October 2007

Title	First Name	Last Surname	Address	Category Awarded
Sir	Roger	Bannister, CBE	Oxford	Hons Fellow
Rt.Hon.	Richard	Caborn MP	London	Hons Fellow
Mr	Donald	Macleod	Edinburgh	Hons Fellow
Professor	David	Sowden	Nottingham	Hons Fellow
Dr	Prabodh M	Agarwal	Leicester	Fellow
Mr	John	Aldridge	Rugby	Fellow
Mr	Michael	Allen	Leceister	Fellow
Dr	Lucienne	Attard	Malta	Fellow
Dr	Timothy D A	Barbour	Australia	Fellow
Professor	Mark E	Batt	Leicester	Fellow
Dr	Philip D	Batty	Cumbria	Fellow
Dr	Ian F R	Beasley	London	Fellow
Dr	Philip A	Bell	Bucks	Fellow
Mr	Derek R	Bickerstaff	Sheffield	Fellow
Dr	Anita C	Biswas	East Sussex	Fellow
Dr	Paul	Blackman	Australia	Fellow
Dr	Simon C P	Blease	Monmouth	Fellow
Mr	Steve	Bollen	North Yorks	Fellow
Dr	Malcolm Brooke	Bottomley	Bath	Senior Fellow
Mr	Kevin T	Boyd	Leicestershire	Fellow
Dr	Catriona E L	Boyle	West Cumbria	Fellow
Dr	Mark Darren	Brooke	W. Yorks	Fellow
Mr	Christopher N	Brookes	Bolton	Fellow
Dr	Grahame	Brown	Birmingham	Fellow
Dr	James Gordon	Brown	Harrogate	Fellow
Dr	Peter	Brukner	Australia	Fellow
Dr	Grace J	Bryant	Australia	Fellow
Dr	James	Buckle	Huddersfield	Fellow
Dr	Richard	Budgett	London	Fellow
Dr	Michael J	Bundy	Surrey	Fellow
Dr	Harry M	Burnett	Edinburgh	Fellow
Dr	Keith	Bush	London	Fellow
Mr	James D F	Calder	Hampshire	Fellow
Dr	Roslyn J	Carbon	Herts	Fellow
Dr	Philip E	Carolan	Dublin 3	Fellow
Dr	Victor N	Cassar-Pullicino	Shropshire	Fellow
Dr	Charlotte	Cowie	London	Fellow
Dr	Kenneth J	Crichton	Australia	Fellow
Dr	Thomas A	Crisp	Standon Hertfordshire	Fellow
Dr	Colin P	Crosby	London	Fellow
Dr	Terry L	Crystal	North Yorkshire	Fellow
Professor	Michael	Cullen	Belfast	Fellow
Dr	Manuel	Cusi	Australia	Fellow
Dr	Geoffrey F	Davies	Vale of Glamorgan	Fellow
Professor	John E	Davies	Monmouthshire	Fellow
Dr	Hendrik P	Dijkstra	Sevenoaks	Fellow
Dr	Wendy N	Dodds	Cumbria	Fellow
Dr	P. Jane A	Dunbar	Dunblane	Fellow
Dr	Niall W A	Elliott	Dundee	Fellow
Dr	Michael H	England	Hereford	Fellow
Dr	Bryan K	English	Surrey	Fellow
Dr	John	Etherington	Surrey	Fellow
Dr	Roger	Evans	Newport	Senior Fellow
Dr	Barbara	Fair	Co Down	Fellow
Professor	John A	Fairclough	Cardiff	Fellow
Dr	Richard	Freeman	Lancashire	Fellow
Professor	Charles S B	Galasko	Cheshire	Senior Fellow
Dr	Faith M	Gardner	Ayrshire	Fellow
Dr	Robin	Garnett	Kent	Fellow
Professor	Robert Myles	Gibson	Leeds	Senior Fellow
Dr	Mark J	Gillett	Staffordshire	Fellow
Mr	O Jeremy A	Gilmore	London	Fellow
Dr	Carmel	Goodman	Western Australia	Fellow
Professor	David R	Graham	Liverpool	Fellow

Title	First Name	Last Surname	Address	Category Awarded	Title	First Name	Last Surname	Address	Category Awarded
Dr	Peter L	Gregory	Warks	Fellow	Dr	Peter L	Thomas	Reading	Fellow
Mr	Roger G	Hackney	West York	Fellow	Mr	Rhidian	Thomas	London	Fellow
Mr	Fares S	Haddad	London	Fellow	Dr	William B	Thompson	Co. Armagh	Fellow
Dr	Gerry	Haggerty	Ayrshire	Fellow	Dr	Simon	Till	Sheffield	Fellow
Dr	Bruce H	Hamilton	Solihull	Fellow	Dr	Michael Skinner	Turner	London	Fellow
Dr	Robert W	Harland	Belfast	Senior Fellow	Dr	Jennifer J	Turner	Guernsey	Fellow
Dr	Roger A	Hawkes	Staffordshire	Fellow	Mr	Graham	Tytherleigh-Strong	Cambridge	Fellow
Mr	Michael J	Hayton	Cheshire	Fellow	Dr	A. Brian	Walker	Kilsyth	Fellow
Professor	Peter J	Helms	Aberdeen	Fellow	Professor	W Angus	Wallace	Nottingham	Fellow
Dr	Richard J	Higgins	Derbyshire	Fellow	Dr	Michael J	Webb	Co. Down	Fellow
Mr	Graham M N	Holloway	Wilts	Fellow	Dr	Anthony D J	Webb	E. Sussex	Fellow
Dr	Karen E	Holzer	Australia	Fellow	Dr	Paul C	Wharam	New Zealand	Fellow
Brigadier	Graham O	Hopkins	Hampshire	Fellow	Dr	Alastair Quentin	Wilcockson	Portsmouth	Fellow
Dr	Charles M	Howse	Australia	Fellow	Mr	Andrew M	Williams	London	Fellow
Dr	David C	Hughes	Australia	Fellow	Mr	Peter T	Wilmshurst	Shrewsbury	Fellow
Dr	David	Humphries	Australia	Fellow	Dr	John A	Wilson	Edinburgh	Fellow
Dr	Ameer	Ibrahim	Australia	Fellow	Dr	Phyllis M	Windsor	Perth	Fellow
Dr	Mehmooosh Sheriar	Irani	London	Fellow	Dr	Roger	Wolman	London	Fellow
Dr	Paul D	Jackson	Wiltshire	Fellow	Dr	Mark G	Wotherspoon	Hampshire	Fellow
Dr	Usamah	Jannoun	West Sussex	Fellow	Dr	Mark C	Young	Australia	Fellow
Dr	Roderick David	Jaques	Cheltenham	Fellow	Dr	Gary P	Zimmerman	Australia	Fellow
Dr	Christopher A N	Jarvis	Cornwall	Fellow	Mr	Sameh	Abd El-Kawy	Birmingham	Member
Dr	John R	Jenner	Cambridge	Fellow	Mr	Murtaza	Adeeb	Romford	Member
Dr	Deanna C	Jennings	Surrey	Fellow	Dr	Thomas J	Adler	Hope Valley	Member
Dr	David S	Jones	Lancs	Fellow	Mr	Abimbola	Afolabi	Co. Kildare	Member
Dr	Mark A	Jones	Australia	Fellow	Dr	Imtiaz	Ahmad	Surrey	Member
Gp Cpt	David W	Jones	Surrey	Fellow	Mr	Stephen	Aldridge	Newcastle-upon-Tyne	Member
Dr	Simon P T	Kemp	London	Fellow	Dr	M.Salman	Ali	Worcs.	Member
Mr	John	King	Devon	Fellow	Dr	Georgina M	Allen	Birmingham	Member
Dr	Peter A	Larkins	Australia	Fellow	Dr	Mahnaz	Alsharif	Bath	Member
Dr	Evan L	Lloyd	Scotland	Senior Fellow	Mr	Sanjeev	Anand	Leeds	Member
Dr	John M	Lloyd Parry	Berks	Senior Fellow	Dr	Anthony Edward	Annan	London	Member
Dr	Austin S	Locke	Australia	Fellow	Dr	Timothy	Anstiss	Bucks	Member
Dr	Michael P	Loosemore	Bucks	Fellow	Dr	Gerald W	Armstrong	Wrexham	Member
Professor	Domhnall	MacAuley	Belfast	Fellow	Dr	William	Askew	Northampton	Member
Dr	Roddy	MacDonald	Cumbria	Fellow	Mr	Mohammad	Azhar	Co-Tipperary	Member
Dr	Caroline J	MacEwen	Dundee	Fellow	Dr	Joseph	Babicki	London	Member
Dr	Kenneth W	MacKenzie	Linlithgow	Fellow	Dr	Terence J	Babwah	West Indies	Member
Dr	Paul	MacKenzie	Edinburgh	Senior Fellow	Mr	Ali Sher	Bajwa	Middlesbrough	Member
Dr	John	MacLean	Glasgow	Fellow	Dr	Bruce C	Baker	Sennelager	Member
Dr	Roderick S	Macleod	Inverness	Fellow	Dr	Juan	Ballesteros	West Yorkshire	Member
Professor	Nicola	Maffulli	Stoke on Trent	Fellow	Mr	Anthony J	Banks	Lancs.	Member
Dr	Nikolas	Malliaropoulos	Greece	Fellow	Dr	Keith	Barrow	Eastbourne	Member
Dr	Paul	Marfleet	Essex	Fellow	Dr	Donald R	Batham	Hants	Member
Professor	Alan	Maryon-Davis	Salisbury	Fellow	Dr	Patrina	Bell	Belfast	Member
Dr	Lorenzo A	Masci	Australia	Fellow	Dr	Philippa J	Bennett	Norfolk	Member
Dr	Derek J	McCormack	Glasgow	Fellow	Dr	Alexander	Bennett	West Yorkshire	Member
Assoc Prof	Paul R	McCorry	Australia	Fellow	Dr	Clive K	Bezzina	Malta	Member
Dr	Ian M	McCurdie	Surrey	Fellow	Dr	Barid B	Bhattacharya	Bucks	Member
Dr	John	McGuinness	Glasgow	Fellow	Dr	Philip	Bickley	Birmingham	Member
Professor	Gregor R	McLatchie	Hartlepool	Fellow	Dr	Brian	Blackledge	Great Ayton	Member
Dr	Rod	McLoughlin	Co. Dublin	Fellow	Dr	Christopher J	Blakeley	Surrey	Member
Dr	Kirill	Micallef-Stafrace	Malta	Fellow	Dr	Timothy C S	Blevins	Dorset	Member
Dr	I. Stuart	Miller	North Somerset	Fellow	Dr	Stephen H	Boyce	Glasgow	Member
Dr	Christopher J	Milne	New Zealand	Fellow	Dr	Eamonn	Brankin	Glasgow	Member
Dr	Patrick J M	Milroy	Cheshire	Fellow	Dr	Kay P	Brennan	West Yorkshire	Member
Dr	Alan	Mistin	Surrey	Fellow	Dr	Roger T	Brown	West Yorkshire	Member
Dr	Michael G	Molloy	Cork	Fellow	Dr	Andrew	Brown	Devon	Member
Dr	Arthur D	Mone	Knottingly	Fellow	Dr	Graham Moreland	Brown	Kirkcaldy	Member
Dr	Clive R	Monkley	Oxfordshire	Fellow	Professor	Shane	Brun	Australia	Member
Dr	Stephen	Motto	Kent	Fellow	Dr	David	Buckler	Northampton	Member
Dr	Ian R	Murphy	New Zealand	Fellow	Dr	John	Buhagiar	Malta	Member
Mr	Richard	Nicholas	Belfast	Fellow	Dr	Geoffrey W S	Burgess	Cumbria	Member
Dr	Alexander	Nieper	London	Fellow	Dr	Claire	Burnett	Glasgow	Member
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