



**SOCIETY FOR SOCIAL MEDICINE**  
**HANDBOOK FOR COMMITTEE AND MEMBERS**

**JULY 2015**

## Foreword

This web-based handbook is intended to be a useful manual for new members of the Society for Social Medicine (SSM) Committee and Section sub-committees, particularly for officers of the Society. It was originally prepared by members of the SSM Committee in 2011/2012 and then updated in 2015 to:

- help new members of the Committee understand the work of the Society and how it is organised;
- detail the roles and responsibilities of different members of the Committee;
- act as an aide memoire for what needs to be done, when, how, and by whom; and
- be a repository for 'institutional memory' for the Society.

It is intended to be complementary to the information available for the Annual Scientific Meeting Organising committee but where queries often arise regarding the respective responsibilities of the ASM Organising Committee or the Society, these are covered in this handbook.

The handbook is updated periodically as roles evolve and hence it is a valuable resource for existing and new committee members in the future. We are extremely grateful to Jenny Mindell for her hard work and perseverance in establishing this valuable resource.

Jenny Mindell 2012

Janis Baird and Michaela Benzeval 2015

14<sup>th</sup> May 2015

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## 1 Introduction

This web-based handbook is intended to be a useful manual for new members of the Society for Social Medicine (SSM) Committee and Section sub-committees, particularly for officers of the Society. Where information is already available on the SSM website, this handbook is limited to pointing readers to the relevant web-based information.

It complements and does not replace the existing information for organisers of the Annual Scientific Meeting (ASM), which is updated and passed annually from the chair of that year's local organising committee to the chair of the local committee organising the following year's ASM. The material to assist ASM Organising Committees is currently being developed into an ASM Handbook.

ASM tasks for which the SSM officers and SSM committee, not the ASM organising committee, are responsible are itemised in this handbook. It also includes items that pertain to the ASM where there is confusion about who does what. For example, individuals to give the named lectures are discussed and then proposed by the SSM Committee and invited by the SSM President; the honoraria are paid by the SSM Treasurer; speakers are written to afterwards by the SSM President. The liaison over the timing and title of the lecture, and an invitation to dinner on the evening preceding the conference are from the ASM Chair (although the dinner is paid for by the SSM).

### 1.1 History of the Association

The SSM was founded in 1957. Professor John Pemberton wrote a history of the early years of the Society (Pemberton J. Origins and early history of the Society for Social Medicine in the UK and Ireland. *J. Epidemiol. Community Health*, May 2002; 56: 342–6). The then editors of the *Journal of Epidemiology and Community Health* gave Professor Pemberton permission to reproduce the article on the SSM website for the benefit of our members (see [www.socsocmed.org.uk/history1.htm](http://www.socsocmed.org.uk/history1.htm)).

### 1.2 Purpose of the Society

The current purpose of the Society is to advance knowledge for population health. That means promoting the development of scientific knowledge in public health, social medicine and epidemiology, and studying the health care needs of society, the provision and organisation of health services, the promotion of health and the prevention of disease.+

### 1.3 Links with the Journal of Epidemiology & Community Health

Formal links between the Society and the British Journal of Preventive and Social Medicine, later to become The Journal of Epidemiology and Community Health, were established in 1959 and two representatives of the Society were added to the editorial board. The SSM Honorary Treasurer and Honorary Secretary represent the Society on the JECH editorial board because JECH publishes oral abstracts for the ASM. This is a titular role and, they have not been called upon for anything else concerned with the journal in recent years.

Initially, just the titles of papers to be read at the annual scientific meetings were published in the journal and in 1962 fuller accounts of the Society's proceedings and abstracts of papers, given at the scientific meetings, were included. Since then, the abstracts of oral presentations have been published annually. Abstracts for poster presentations were also included in 2010 and from 2012 onwards. In 2010/11, it was agreed that the supplement should be online only, and the Society receiving hard copies for conference delegates. All abstracts published in the supplement are still entered into relevant databases such as PubMed and Web of Knowledge. The Role of the Society in the 21<sup>st</sup> Century

The Society is known for its high quality and friendly annual meetings, its interdisciplinary nature, and its value for money. It is seen within academia and government circles, by other professional societies and national and international groups as the main learned society of epidemiology, public health, and health services research in Britain. In a sense its potential for growth is due, in part, to this successful outside recognition. The Society is asked by these other groups, for example, to provide scientific evidence. For example, to comment on policy issues, to nominate representatives to sit on Committees, and to provide further training for health professionals and certification of health researchers. . Our response has historically been fairly limited, in acknowledgement of the time limitations of Officers.

Periodically the Committee has initiated a debate among members about the role of SSM, to ensure the Society’s long term success. In 1998 and again in 2012, the Committee organised a survey of members to ask them about the future direction of the Society. Appendix A includes a summary of the discussion of the 1998 survey and appendix B includes the final reports of three task and finish groups that were set up to develop plans in response to the findings of the 2012 survey.

## 2 The Constitution and By-Laws of the Association

### 2.1 The Constitution

The original Constitution and by-laws were drafted and approved before the Society’s electronic archive was started. The Constitution has been amended on a number of occasions (table 1). Changes are discussed at AGMs and if that does not have sufficient quorate, then confirmed by subsequent ballot of all members.

**Table 1: Changes to the constitution**

Timing of change	Details of change
2003	Added bylaw 7: to allow Society to establish Sections
2010/12	Wording changes to make constitution more gender neutral Change to wording to allow electronic ballots and communication, Changes to allow committee to vary the annual subscription fee, and for these to be paid by direct debit Changes to allow other Executive Officers to sign cheques in Treasurer’s absence
2012/13	Honorary members given same rights in Society and ordinary members Chair’s role to last for two years and become an elected post Chair to be called president henceforth
2014/15	Update objective of the Society Increase number of ordinary members from 6 to 9 Formalise role and status of co-opted committee members Make communications officer executive role for 5 year term

The full current constitution can be found at: [www.socsocmed.org.uk/constitution1.htm](http://www.socsocmed.org.uk/constitution1.htm).

## 2.2 Bye-laws

The Bye-laws are generally amended in parallel with the Constitution. The current version can be read at [www.socsocmed.org.uk/constitution1.htm](http://www.socsocmed.org.uk/constitution1.htm). The headings are listed here, for convenience.

1. Ordinary Members
2. Subscription
3. Attendance at Business Meetings
4. Scientific meetings
5. Locations of meetings
6. Publications
7. Sections

## 2.3 SSM Sections

### 2.3.1 Constitution and Bye-laws

Section 7 of the Bye-laws enables the Society to have specific sections. These can be set up by submitting a proposal to the Committee. Each section must have at least 20 Society members in good standing. A list of members and a report of the section's activities must be submitted annually to the Committee, a month before the AGM,

### 2.3.2 Early Career Researchers

The ECR Section was set up in 2010, to aid the Society in supporting members at early stages of a research career in social medicine.

The ECR section is organised by an SSM ECR sub-committee with a minimum of six members. Two (the ECR Chair and Chair-elect) are also co-opted onto the Society's Committee (for one year in each role). Details of elections can be found in section 9.1.6.

## 3 Officers, their roles and responsibilities

### 3.1 The President

The duties of the President are to:

- i. Provide leadership to further the Society's aims amongst the membership and officers
- ii. Act as an ambassador for the Society, liaising with other organisations as appropriate to further the aims of the Society
- iii. Liaise with Honorary Secretary to determine agendas for meetings, expedite committee decisions and achievement of subsequent actions
- iv. Chair the Annual General Meeting (the 'Business meeting') and any Extra-ordinary General Meetings
- v. Chair Committee meetings

- vi. Conduct Society business between committee meetings, notably an Officers teleconference to review and action any outstanding committee decisions, and draft an agenda for the next committee.
- vii. Assist in the recruitment and induction of individual committee members and oversee, support and encourage them in their various roles
- viii. Invite the eponymous lecturers for the following year. (Contacting the chosen lecturers for the current year to confirm arrangements is the responsibility of the ASM Chair).
- ix. Write to that year's eponymous lecturers to thank them, on behalf of both the SSM and the ASM Committees. In the past, the ASM Chair has also written on behalf of the Organising Committee. However, in 2015 the past and current Presidents and President elect took the decision that only a single letter from the President is required.
- x. Write offering honorary membership to those chosen by the Committee
- xi. Make preliminary arrangements for the venue for future ASMs, ensuring that in principle agreement is reached with a representative of each proposed host institution for the hosting of the ASM at least four years in advance.

### 3.2 The Honorary Secretary

The Honorary Secretary's role is to

- i. Organise three Committee meetings, and three Officer teleconferences, each year
- ii. Organise the Annual General Meeting (referred to in the constitution as the 'business meeting')
- iii. Respond to calls to organise an Extraordinary General Meeting
- iv. Provide oversight of the Constitution and advise on processes and amendments
- v. Arrange nominations and elections for Committee and other Society roles
- vi. Act as liaison between Committee Officers
- vii. Co-ordinate and support Committee members in their roles, including supporting ad hoc working groups, updating handbooks and action points
- viii. Liaise with the ASM Organising Committee and other partners (e.g. JECH, HG3)
- ix. Communicate with members proactively and respond to issues raised by members, including contributing to the Newsletter and consulting members on key SSM and other issues..
- x. Maintain the Society's paper and electronic Archive
- xi. Update the handbook annually

### 3.3 The Honorary Treasurer

The Honorary Treasurer is responsible for the financial status of the Society, including reviewing periodically whether to be a Charity or a Limited Company. More specific responsibilities involve the following areas of work:

- i. SSM's financial transactions, including approval of the payment of bills and honoraria for ASM speakers, generating invoices, monthly reconciliation of bank statements, and preparing books for annual audit.
- ii. Presenting audited accounts to AGM for approval by the membership, which must then be minuted as approved.
- iii. Presenting a financial update at each Committee meeting

- iv. Strategic role making recommendations about changes in membership fee, financial status of the Society, and advice on Society expenditure, to ensure there remains a minimal financial risk to the membership (who are accountable were the Society to become a debtor and there are insufficient funds within the Society accounts).
- v. Maintaining appropriate processes for membership renewal and membership database maintenance, approving membership applications and vetting new members who do not have their own proposers, plus overseeing ongoing development of the membership area of the Society website (managed by HG3).
- vi. Liaising with EUPHA in order to maintain a database of SSM members who want to be able to access the EJPH (managed by HG3), and paying EUPHA the appropriate dues for this facility.
- vii. Administration of the Free Place scheme at Annual Scientific Meetings (ASM).
- viii. Providing a point of contact to support the other roles within the Committee relevant to membership recruitment and the ASM, providing advice on financial planning of the ASM to local organisers.
- ix. Overseeing the work of HG3 for the day-to-day administration of the above tasks. HG3 also acts as the Membership Secretary (see section 6.2.2 below)

### 3.4 The Membership Secretary

The Membership Secretary (HG3) is responsible for maintaining the Society's electronic database of all members (past and present) and for processing annual subscriptions, new membership applications and for updated membership details within this database. Specific roles and responsibilities include the following:

- i) Managing the membership area of the Society website
- ii) Sending out reminders to members for overdue subscriptions
- iii) Distributing information to printers for any journals
- iv) Organising and attending three committee meetings per year and the AGM
- v) Organising periodic teleconferences for sub-committees
- vi) Producing and distributing minutes for all meetings attended
- vii) Organising web-based elections and providing the Committee with final votes

### 3.5 The Communications Officer

The Communications Officer's role is to:

- i. Chair the Communications Sub-committee
- ii. To arrange the communications sub-committee meetings
- iii. Report to the AGM (update on the website, newsletter, social media etc.)
- iv. Act as web master or liaise with the web master, if a separate individual
- v. Assist the newsletter editors in producing the newsletter when requested
- vi. Ensure that a coherent approach is taken across all society communications
- vii. Maintain, or delegate the maintenance of, an appropriate social media presence (e.g. Twitter, Facebook)
- viii. Conduct regular reviews of the Society's website to ensure it is up to date
- ix. Co-ordinate the activities of the communications sub-committee and ensure that the sub-committee has the right composition of members to ensure that it can fulfil its functions.

## 3.6 The Honorary Secretary's Responsibilities

### 3.6.1 Organising the SSM Committee's meetings

Tasks include: setting the dates, finding a venue, organising refreshments (coffee on arrival, lunch for January & May meetings) agreeing the agenda with the President, circulating the papers beforehand, taking the minutes, and circulating these afterwards with action notes.

### 3.6.2 Outline Agenda for Committee Meeting

- 1) President's welcome and opening remarks
- 2) Apologies for absence
- 3) Minutes of the [insert number] meeting
- 4) Matters arising from the  $n^{\text{th}}$  meeting not covered elsewhere
- 5) Any strategic agenda item (e.g. discussion of any proposed policy changes, initiatives to develop or improve the operation of the society etc.)
- 6) Arrangements for the [current year] Annual Scientific Meeting
- 7) *September meeting only -AGM agenda*
- 8) SSM Sections
  - a. Early Career Researchers
  - b. Others...
- 9) Future annual scientific meetings:
- 10) *May meeting only* - Cochrane & Pemberton Lectures [next year]
- 11) One-day meetings
- 12) SSM finances (accounts received at the September meeting before the AGM)
- 13) Report of communications sub-committee
  - a. Newsletter
  - b. Website
  - c. Social media
- 14) *May meeting only* - Nominations/elections for President elect (alternate years), two Ordinary members, Honorary Members of the Society and, if necessary, Honorary Treasurer, and/or Secretary
- 15) Relationships and affiliations with other organisations
  - a. EUPHA
  - b. IEA European Federation
  - c. Other...
- 16) Any other business

### 3.6.3 The Annual General Meeting

The AGM is held at the ASM, usually but not always at the end of the first afternoon. It is the Honorary Secretary's role to ensure that all necessary notifications are sent out with

sufficient time, as specified in the constitution, according to the timetable in Table 1. The AGM is quorate if 35 members are present.

**Table 2: Notifications prior to the AGM (Business meeting)**

To arrive by	Notification	Example dates
At least 8 weeks before AGM	Notify members of honorary officers and ordinary committee members due to retire at the end of the year	by 17/07
	Call for nominations	
At least 6 weeks before AGM	Deadline for receipt of nominations.	31/07
At least 21 days before AGM	Ballot papers sent to members if more nominations than vacancies	by 21/08
	Formal notice of the Scientific meeting and the programme sent to each member	
	Formal notice of and the agenda papers for the Business meeting	
At the AGM	A few printed copies of the Secretary's and Treasurer's reports and the Agenda are distributed	12/09

Any business which requires a quorum of at least one-third of the membership, such as changes to the constitution, is voted on electronically after the meeting if the AGM is not quorate for that purpose.

#### ***Papers for the AGM***

The agenda is sent to all members at least three weeks before the AGM, as specified in Table 1 above, together with any proposed constitutional changes, and notification of any proposed change to the annual membership fee.

The agenda, Honorary Secretary's report, Honorary Treasurer's report, audited accounts, report from Sections, and any proposed constitutional changes are circulated to the SSM Committee in advance of the September Committee meeting for information and, where necessary, discussion. These papers, together with the minutes of the previous year's AGM, are printed and distributed to members attending the AGM.

The Secretary's and Treasurer's reports (but not the accounts) are placed on the main SSM website, and reports on sections on relevant section pages of the SSM website, after the AGM.

The minutes of the AGM are checked at the January Committee meeting and are then placed on the SSM website.

#### **3.6.4 Outline Agenda for Annual General Meeting (referred to in constitution as the 'Business meeting')**

1. President's welcome and opening remarks
2. Minutes of the [insert number] AGM held in [city]
3. Any matters arising in the minutes not specified below
4. Any major policy issues (e.g. constitutional reforms etc.) to be discussed with the membership, where a vote may be needed

5. Honorary Secretary's Report
6. Honorary Treasurer's Report, including any recommendation on changes to the annual membership fee
7. [From 2012 onwards] Communications Officer's report
8. Reports from Sections
  - a) Early Career Researchers
  - b) Others
9. Organisational affiliations: Treasurer / Secretary, if relevant)
  - a) Report on EUPHA
  - b) Report on IEA European Federation of Epidemiological Societies
  - c) Others
10. Election of:
  - a) President-Elect (on alternate years, to take office to coincide with the President's second year as President),
  - b) two Ordinary Committee Members,
  - c) Honorary Members of the Society
  - d) other officers, if required
11. Future scientific meetings
12. Any other business

### 3.6.5 Honorary Secretary's Report

This covers the following:

- 1. Annual Scientific Meeting [previous year]**
  - Details of previous year's ASM
  - Thank the organising committee
- 2. Annual Scientific Meeting [current year]**
  - No. of abstracts submitted, selected for plenary, oral or poster presentations
  - Thank the reviewers
  - This year's invited speakers for Cochrane and Pemberton lectures
  - Thank the organising committee
- 3. Archive**
  - Report on the integrity of the Society's archive, available via the SSM website (with the appropriate reference code) and at the Wellcome Trust.
- 4. Future Meetings**
  - Dates and location of following year's ASM, and the year after that.
- 5. One day meetings**
  - in past year
  - planned
- 6. The Committee**
  1. Membership of that year's committee
  2. Committee Changes – who is leaving (and thanks)
  3. Results of elections – who is joining the committee

## 7. Thank

- those providing administrative support
- newsletter editors
- outgoing president and the committee
- any others who have made substantive contribution to the SSM's functioning that year (e.g. people who have help formulate policy or responses to external documents)

### 3.6.6 JECH

- Liaise early in the year regarding publication of the ASM supplement, for delivery early September before the ASM.
- Check the journal's editorial list to ensure it is correct regarding SSM representation. Errors are not uncommon, with the list reverting to the names of the previous Honorary Treasurer or Secretary.
- Send invoice for printing the ASM supplement to the Treasurer (or their administrative support) for payment

### 3.6.7 The SSM Archive

SSM papers have been archived since the Society was founded in 1957. The SSM paper archive was transferred to the Wellcome Trust in 1988 (see Honorary Secretary's Report 1988, page 2). Paper documents have been transferred to the Wellcome Trust subsequently, covering the period 2003 to 2012. In more recent years, there have been three sets of archival material, stored on the web (papers for Committee meetings and ASM papers as above, details of the ASM, including those giving the named lecturers, previous officers); and electronic and paper records kept by the Secretary. Electronic records may be inspected by SSM members, by application to the Honorary Secretary. The paper archives are given to the Wellcome Trust every three years or so.

It is the Honorary Secretary's responsibility to maintain the SSM archive.

An online archive of ASM programmes and abstracts is available at [www.socsocmed.org.uk/archive.htm](http://www.socsocmed.org.uk/archive.htm).

### 3.2.8 Honorary Secretary's jobs by month (table 3)

Jan	Committee meeting	Organise agenda and papers
	Email	Oversee committee meeting minutes – send draft to President, then final version to committee Ask membership secretary to notify members of ASM and abstract submission details Advertise call for abstracts – jisc mailing lists, other societies (HSRN, SAPC, UKSBM, FPH, others to be advised by committee)
March	Abstract deadline	Deadline for submission of abstracts – ask membership secretary to email reminder a few days beforehand
	Email	<ul style="list-style-type: none"><li>▪ Contact JECH regarding timetable for production of the ASM abstract booklet</li></ul>
April	Email	Send out agenda and papers for May Committee meeting
April/May	Committee meeting for abstract	Organise agenda and papers; liaise with abstract moderators about papers on review process–

	review	
		Oversee committee meeting minutes Remind the President to: <ul style="list-style-type: none"> <li>• invite the Cochrane &amp; Pemberton lecturers for the following year</li> <li>• offer honorary membership to the agreed individuals</li> <li>▪</li> </ul>
June	JECH deadline	▪
July		Circulate nomination forms for committee membership (including President-elect in alternate years) <ul style="list-style-type: none"> <li>▪</li> </ul>
August		Circulate agenda for AGM, and ballot form for committee membership if required Send out agenda and papers for September committee meeting
September	Committee meeting	Organise agenda and papers for –morning of the 1 <sup>st</sup> day of the AGM (usually Wednesday)
	ASM	Give secretary's report at the AGM Give result of committee membership ballot(s) at AGM
	Email	Oversee committee meeting minutes. Oversee AGM minutes Send notification to elected honorary members
October	Email	Circulate Secretary's report and AGM minutes Organise dates for next year's January and April committee meetings and book rooms Obtain reduced subscription rates for SSM members from journals for following year
November	Email	Send thank you letters to retiring committee members
December	Email	Send out agenda for January committee meeting

## 3.7 The Honorary Treasurer's responsibilities

### 3.7.1 Setting and collecting the annual subscription fee

The Honorary Treasurer brings a recommendation to the May Committee meeting if s/he feels the annual subscription needs to rise. An agreed figure is then notified to the membership with the papers for the AGM. If approved by the AGM, the changed fee is collected the following January and from new members joining thereafter.

When the annual subscription was collected by standing order (and therefore changes were difficult to implement), it was £10 from 1989-1999 and £20 from 2000- 2012. The proposal to increase the annual subscription to £35 was brought to the 2012 AGM and took effect from January 2013.

### 3.7.2 Reviewing the status of the society

As it stands, the Committee and its members are correctly liable for any debts incurred by the Society. The issue is therefore around assessing the financial risks we all face. Referring to the Q&A section of the Charity Commission document

([www.charitycommission.gov.uk/Charity\\_requirements\\_guidance/Charity\\_governance/Good\\_governance/incganda.aspx](http://www.charitycommission.gov.uk/Charity_requirements_guidance/Charity_governance/Good_governance/incganda.aspx)), which covers this issue, section B4 addresses the question “When should a charity consider incorporation as a company?”, for which the short answer is that it may be appropriate to establish a company where some or all of the following apply:

- the charity is or will be quite large – *our membership is not that large*
- the charity has or will have employees – *it does not directly employ anyone: it only contracts services*
- the charity does or will deliver charitable services under contractual agreements – *we are not under contract for any such services, though we incur financial risk with the ASM*
- the charity does or will regularly enter into commercial contracts – *we have no contracts beyond publishing abstracts for the ASM which does not incur risk beyond the ASM*
- the charity is or will be the owner of freehold or leasehold land or other property – *this does not apply.*

The only financial risks we face are the cost of the ASM, underwriting other meetings, and contracting clerical support. The worst-case-scenario is that: (a) the ASM is fully booked and does not go ahead - the financial risk could be of the order of £80k (and rising in line with inflation); (b) all potentially incurred financial risks within year are realised for other meetings of the order of £15k (and rising in line with inflation); and (c) we are unable to receive any subscriptions before closing the Society to curtail our liabilities - a further risk, depending upon the income/expenditure cycle of the year, of around £25k (and rising in line with increased subscriptions and expanding membership).

The financial risk to the committee and the membership is therefore approaching £100k though annual insurance is taken out for the ASM and can be extended to cover other meetings. Realistically, therefore, the Society carries negligible risk provided the insurance is in place.

It would, nevertheless, seem sensible to have modest contingency funds of at least £30.

The conclusion was reached in 2012 that we do not need to become a company.

### 3.8 The Communications Officer’s Responsibilities

The Communications Officer will:

#### Appointment

1. be a member of the Society
2. have demonstrated evidence of basic web site management (or a willingness to learn same) and authoring skills before appointment
3. have proven reliable access to the Internet
4. be appointed by the Committee for a period of three years, renewable
5. be a co-opted member of the main Committee
6. chair the Communications subcommittee
7. be responsible to the Committee

#### During tenure

8. oversee the work of the Web master
9. oversee development and maintenance of the SSM main site and the ASM site, as specified in the role of the web master, section 5.9.
10. report annually to the Committee and contribute to the Newsletter when requested

11. inform the Committee of a wish to resign at least 3 months before termination.

### 3.9 The Web Master

The Web Master will:

#### Appointment

1. be supervised by a member of the Society
2. have demonstrated evidence of basic web site management and authoring skills before appointment
3. have proven reliable access to the Internet
4. be appointed by the Committee for a period of three years, renewable
5. be a member of the Communications subcommittee, though not its chair
6. be responsible to the Committee

#### During tenure

7. have the right to change the domain name provider and the Internet Service Provider after consultation with the Communications subcommittee
8. remind the Treasurer to pay the provider(s) when payment is due
9. develop and maintain the SSM main site and the ASM site, including:
  - a) P-post new material within 3 days of receipt on the main site and on the SSM Twitter, Facebook and RSS pages
  - b) post material related to the Society's members' interests, in particular information about conferences
  - c) Amending the sites to conform with any changes in branding
10. provide information to the Communications Officer as requested (e.g. for his/her annual report to the Committee and contributions to the Newsletter)
11. inform the Communications Officer and Communications subcommittee of a wish to resign at least 6 months before termination.

### 3.10 Newsletter

#### 3.10.1 Aims

The aim of the newsletter is to provide the membership with regular updates of news and events relevant to the Society. Short pieces on new methods or public health practice will also be included if deemed of interest to members. Its purpose is to keep the SSM membership engaged with the Society as well as to provide information and advertise events.

#### 3.10.2 Intended audience

The *intended audience* is primarily current SSM members

Editor(s)

*Job description:*

Newsletter editors are responsible for coordinating the production of a regular society newsletter. This includes producing, eliciting, typesetting and editing content for the newsletter. All editors must have proven authoring skills. They must be members of the Society, sit on the Communications Sub-committee and report to the Communications Officer. Newsletter editors will serve a term of 3 years. At least one editor will also be an early career researcher. One editor will be appointed by the Communications Officer to represent the newsletter on the main Committee. The lead editor for each issue will rotate around the editorial team.

#### *Reporting:*

Drafts of newsletters should be circulated to the Communications sub-committee at least one week prior to distribution to allow time for feedback. Newsletter editors will provide an activity report to the Communications Sub-committee at each meeting.

### **3.10.3 Content:**

Contribution is mainly from the SSM members. It is open to anybody as long as the content is relevant to the Society, social medicine or international/global health. The current newsletter is published quarterly and as it is now published electronically, the format and length can be more flexible.

The content depends on the editors, and on what submissions are received. The SSM newsletter editorial members meet, including tele/video conference, prior to each issue to discuss themes and possible contributors. Each editorial member takes on responsibility for ensuring specific items are ready for an issue. Recent issues have included:

- a note from the President (cover page)
- a note from the Honorary secretary;
- content provided by SSM Sections (e.g. ECR corner, including reports from holders of free SSM places);
- features such as a public health showcase highlighting examples of good public health practice around the UK or overview of a particular methodology;
- membership issues, including listing new members who have joined the Society; and
- miscellaneous items, such as Dates for diary, Notes from Editors, and Housekeeping, and advertising other organisations' events (conferences, courses, etc) if considered of interest to SSM members.

In general, contribution 500 words or less are preferred (enough to cover one side of A4 size paper); the copy date for contributing articles is the 15<sup>th</sup> of the month prior to the publication date (e.g. 15<sup>th</sup> March for April issue). Art work/photographs are also encouraged.

### **3.10.4 Preparation**

The editor in charge formats each issue within the boundaries of the general SSM 'look' that has been decided by the main Committee, such as inserting the SSM logo on the cover to ensure the identity of the SSM. Currently MS Publisher is used to compile each issue. Editors can choose different software but it is recommended that they choose one that is user-friendly. The draft is circulated to the other editors for proof reading.

### **3.10.5 Distribution**

The editor in charge sends a pdf file (converted from the Ms Publisher file) to the SSM honorary secretary and/or president for a final proof read. The membership secretary distributes each newsletter electronically to the members at the end of the month along with the news email and also sends a newsletter (pdf) to the webmaster for the SSM website.

### 3.11 SSM Ordinary Committee Members

From 2015 three Ordinary Committee members are elected each year, for a three year term. From 2014 each member of the committee was allocated a specified role. These are reviewed annually as new opportunities arise for the Society or roles come to a natural end. The kinds of roles include:

Abstract scoring moderator

Training and capacity building co-ordinator

Newsletter editor

Membership secretary

Social media officer

External relations officer

Handbook editor

Mentoring scheme co-ordinator

### 3.12 Sections

#### 3.12.1 General

Society for Social Medicine Sections are formed by groups of at least 20 members putting a proposal for a section to the main committee. Once approved, a committee is elected to oversee their activities. Generally the committee will have a chair and chair elect who report to and represent their views to the main committee. The main Committee will monitor the appropriateness and viability of Sections. Sections can organise their own parallel sessions at the SSM annual scientific meeting and/or their own section meetings.

Each section holds its own elections.

#### 3.12.2 Early Career Researchers

##### ***What is an early career researcher?***

Early career researchers are defined as members of SSM who are an undergraduate or postgraduate student within 5 (or part time equivalent) of completing their higher degree. Alternatively, anyone who is new to this research field could be considered an ECR.

The activities of the ECR Section are overseen by an elected committee, which aims to:

1. Represent the views of ECRs to the SSM committee.
2. Provide a point of call to ECRs wishing to become more involved with the SSM research community and to facilitate ECRs involvement in SSM conferences.
3. Provide and facilitate peer-to-peer support amongst ECRs.

### 3.13 Representatives of other organisations

Provision is made for representatives on the SSM committee of related societies. Currently, these are European Public Health Association (EUPHA) and the European Epidemiology

Federation (EEF) – the European chapter of the International Epidemiological Association (IEA). Representatives are expected to attend committee meetings of these related societies and be an active presence at scientific gatherings. Reimbursement for such attendance, including reasonable expenses, is provided by SSM.

### 3.14 Committee Claim for Reimbursement of Expenses

Committee members can claim travel expenses for attending Committee meetings, where reasonable expenditure would be for standard class travel only (apart from advanced booking of First Class where this is the cheapest option). Expenses should also cover food and non-alcoholic refreshments for subsistence where the total time committed to travel and attendance at the meeting involves the majority of the working day and is in addition to normal attendance at the ASM. It would be considered unusual to require an overnight stay for the January or May Committee meetings. Claims are made by completing the expense claim form available from the Hon Treasurer; receipts are required.

## 4 Scientific Meetings

### 4.1 Division of labour between the SSM Committee and the ASM Local Organising Committee (LOC)

In general, the content of this handbook describes what the main SSM Committee does. The person / institution whose offer to host an ASM is accepted is responsible for setting up a local organising committee and arranging for administrative support (from within the institution and/or from an inexpensive conference provider, for example HG3, which assisted with the ASMs in 2011 and 2012). The local organising committee is responsible for everything associated with organising and hosting the ASM, except as listed in the table below, which itemises responsibilities that are shared between the two Committees.

**Table 4: Responsibilities of SSM Committee and ASM LOC**

<b>Responsibility</b>	<b>SSM Committee role</b>	<b>ASM LOC role</b>
Setting up ASM website	SSM web master will do this	Supply information to the webmaster
Abstract submission & selection	Secretary sends emails to membership; Webmaster places guidance, etc on SSM and ASM websites and link to submission site; The Abstract Moderator randomly allocates abstracts to reviewers; Each SSM Committee (main, ECR and local) peer-reviews 20-40 abstracts; The abstract moderator moderates the scores; SSM Committee reviews the scores at the April meeting (May if timeline reverts to 2012 and earlier).	Everything else, including setting up submission site; sending information to SSM Secretary & Webmaster; publicity; recruiting reviewers; acknowledging submissions; sending instructions and abstracts to reviewers; notifying authors; arranging the programme;

JECH	Secretary negotiates the JECH fee. Treasurer approves the JECH fee & pays the JECH invoice	Negotiating the JECH fee; preparing the JECH supplement; liaising with JECH re publication timetable & delivery
Free place applications	Membership Secretary sends emails to membership; Webmaster places on SSM and ASM websites; Treasurer & small group adjudicate, once accepted presentations are known.	Arrange free registration and accommodation
Pemberton & Cochrane lecturers	Chosen by the SSM committee; invited by the SSM President	Can suggest names to the SSM Secretary before the May meeting the preceding year. Arrange free registration and accommodation
	Thanked by the SSM President; Honoraria paid by SSM Treasurer.	Thanked by the ASM Chair
Hospitality around the ASM	SSM Committee & invited speakers (those who are already there) & LOC go out for an informal dinner the night before the ASM, paid by the Treasurer.	The dinner is arranged by the LOC
		Invited speakers taken out to eat by the Chair of LOC, funded by the ASM.
Prizes	£100 for pre- and post-doc ECR with the highest scoring abstracts: generic book voucher bought by HG3, paid by SSM	Given by LOC Chair at final plenary

## 4.2 How to set up an ASM

The venue of future ASMs is usually set three years in advance. Individuals / university departments may approach the SSM President, or vice versa in the absence of acceptable volunteers. Such offers are discussed and agreed by the Committee.

Details of how to run the ASM are provided in a separate digital resource pack; developing and updating this is part of the responsibility of each ASM team and is a condition of being awarded an ASM.

However, a few key items are listed here, to make clear the responsibilities of the SSM and ASM committees, the President/Chair of the respective committees, and the finances.

## 4.3 Free places at the ASM

The ASM covers the costs of the ASM registration fee, accommodation, and travel for:

- the SSM Committee President, Honorary Treasurer, Honorary Secretary and Communications Officer
- the invited Pemberton and Cochrane lecturers
- students and those on low incomes who are awarded bursaries (see section 4.7 below).

## 4.4 Abstracts

The Honorary Secretary advertises the call for abstracts to SSM members and assists the ASM committee in publicising the ASM and the call for abstracts. The guidelines for authors and for reviewers are sent to SSM members and are placed on the ASM and abstract websites, so that those submitting abstracts can see how they are assessed.

Abstracts are submitted online. From 2011, a system provided by commercial conference organisers HG3 was used.

The deadline in recent years has been -early March, to enable random allocation of abstracts to reviewers (not from the same department as any of the authors), reviewing of the abstracts, and moderation of the scores in time for a Committee meeting in April/May, to notify successful presenters and obtain confirmation by the end of May. Guidelines for authors

1. We welcome abstracts on health services research, epidemiology, public health, statistics, sociology, psychology, health policy and/or mixed methods research.
2. Abstracts can only be submitted via the conference website at [www.ssmconference.org.uk/](http://www.ssmconference.org.uk/).
3. The abstract should be 400 words or fewer, structured with up to four sub-headings, as appropriate, chosen from the following: background; setting; data; methods; results; and conclusion. Some results must be included in the abstract, including statistical tests where appropriate; abstracts stating that 'results will be presented' will not generally be considered. Results of ongoing analyses are acceptable. Results of systematic reviews are welcome. No references or tables are permitted.
4. An abstract may be submitted for oral or poster presentation or for either.
5. While you can submit multiple abstracts, a submitting author can only make one oral presentation at the Annual Scientific Meeting. If more than one of your abstracts is selected, you will have to identify a co-author/investigator to present or withdraw your abstract. No such restrictions apply to poster presentations.
6. **The deadline for submission is 23:59 GMT on DATE March YEAR.**
7. You will be sent an acknowledgement of receipt of your submission with a reference number. Please keep a record of this. If you do not receive a reference number for each abstract, please contact HG3 via [www.ssmconference.org.uk/](http://www.ssmconference.org.uk/) in the first instance.
8. Your abstract will be assessed by four reviewers - see "Guidance for those assessing abstracts" below.
9. The submitting author will be notified in May whether or not their paper has been accepted for a verbal or poster presentation or rejected.
10. The named presenter or a co-author must be available to present their paper at the meeting. After you have confirmed, you should only withdraw your abstract in exceptional circumstances, as late withdrawal denies someone else the chance of presenting their paper. All those agreeing to present an oral or poster presentation must register for the conference as early as possible.
11. The abstracts for oral presentations will be published in a supplement to the *Journal of Epidemiology and Community Health* and the poster abstracts in a standalone conference booklet.

## 4.5 Guidance for those assessing abstracts

### 4.5.1 Guidelines for reviewers

Each abstract is randomly assigned to four reviewers. All members of the SSM Committee and appropriate members of the ASM Committee are expected to review abstracts; other academics and researchers at the host institution are also invited to review abstracts. The reviewers are given the following guidelines, which are also made available on the abstract submission site to those wishing to submit an abstract:

#### *General*

Abstracts will be assessed by at least four reviewers, independently, and the final score derived.<sup>1</sup> Reviewers will remain masked to the authors and their institution throughout. Abstracts submitted from the same institution as a reviewer will not be assessed by that reviewer and subject to this constraint, abstracts will otherwise be allocated randomly to reviewers. The scoring system ranges between 0 and 10, with zero given to abstracts not compliant with the Guidelines for Abstraction Submission and will be rejected at this stage; this includes abstracts not written in English, not written in a structured abstract style as appropriate. The online abstract submission form has been set so that a structured abstract is now readily adhered to and it will not allow the author to exceed the word count of 400 (excluding title).

The top scoring abstracts submitted for oral presentations will be selected for the plenary and parallel sessions. This will be based on the number of available slots at each conference. For example, if there are five plenary sessions and 90 slots in the parallel sessions, amongst the 95 top scoring abstracts, 5 will be selected for plenary presentations and 90 will be selected for the parallel sessions. For plenary sessions only, the Society committee will consider the extent that abstracts overlap to avoid two presentations from the same study or on very similar themes; from amongst the top scoring abstracts, 5 will be selected to ensure a varied programme at the plenary sessions. The top 10 scoring abstracts not selected for plenary sessions will be highlighted as high scoring in the abstract booklet.

#### *Reviewer scoring guidelines*

### **JUDGING CRITERIA FOR SSM ABSTRACT REVIEWERS**

Please score the abstract according to the following guidelines. Scores are to be awarded in two parts: 0-10 points for the abstract '*structure & detail*' plus 0-5 points for '*interest, appeal & impact*'; reviewer variability in each score will be assessed. Only the 0-10 score will be used to rank the abstracts, though 0-5 score may be used inform decisions on tied scores or plenary selection amongst the top scoring abstracts.

Tables, charts or references should not be included in the abstract. The PICO format may be a helpful reference: <http://www.usc.edu/hsc/ebnet/ebframe/PICO.htm>.

Reviewers have the option to score 'zero' any abstract deemed to be seriously flawed; all zero scores will be reviewed by the SSM committee.

#### **Title / Structured Headings / Overall Presentation: 0 – 1 point**

Is the title specific, adequate and concise? Does it accurately describe the population studied, the study design or method of data collection or analysis, the research objective or question?

#### **Introduction/ Objectives / Hypotheses or Research Question(s): 0 – 1 points**

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<sup>1</sup> Either as arithmetic means, or obtained from a multiple-membership model; the latter adjusts for variation between examiners, though its application will depend upon the availability of a volunteer to perform this task.

Is the context made clear? Is the scientific rationale clearly stated? Are the aims, objectives, hypotheses or research question(s) clearly stated?

**Methods: 0 – 3 points**

**For all types of study**, are the Methods **clearly described**? Are the data sources clearly specified? Are the methods, analytical techniques and software tools specified? Are the methods appropriate to the question being investigated?

**For qualitative studies**: Are qualitative methods appropriate to answering the research questions/addressing research objectives? Are the recruitment method(s), sample population(s), methods of data collection, and methods of data analyses described and appropriate?

**For quantitative, observational experimental or modelling studies**: Are the sample frame(s), sampling method(s), sample population(s), intervention and control conditions, methods of data collection, main outcome measures, assumptions and statistical methods all clear and appropriate?

**For mixed methods**: Is there appropriate use of quantitative/qualitative methods, each clearly described, in an order that makes sense, and each appropriately integrated at the right stage of the analysis/interpretation?

**Systematic reviews**: Should state objectives; data sources; study eligibility criteria, search strategy (e.g. data/text mining), participants, and interventions; study appraisal and synthesis methods (e.g. meta-analysis, meta-regression, narrative synthesis, meta-ethnography). Has the risk of bias and quality of the included studies been considered?

**Results: 0 – 3 points**

Are results available and described appropriately to be confident that sufficient material will be presented at the conference? Abstracts should not say only that 'results will be presented'.

**For quantitative, observational experimental or mixed methods studies**: Do data presented give a clear indication of precision, favouring confidence intervals over p-values? Do modelling studies present sensitivity analyses?

**For qualitative and mixed methods studies**: Are the sample characteristics described? Are themes and/or categories presented systematically and meaningfully? Is the context in which data were produced recognised in the language used, for example, are data recognised as reported?

**For mixed methods**: Describe the data resulting from each method as well as integrated analyses.

**Systematic reviews**: Should report search results at each stage plus main outcomes.

**Conclusions: 0 – 2 points**

Are the conclusions clear and concise? Do they reflect the aims and objectives? Are they supported by the results presented? Are key study limitations acknowledged? Where appropriate, are the implications made clear for policy, practice and further research?

**Interest, appeal and impact: 0 – 5 points**

Is it interesting? Would it appeal to a broad ASM audience? Does it have the potential to create impact (i.e. change clinical or public health practice or policy, improve health, reduce inequalities in health, change the course of science)? Is it novel/exciting/much better methodologically than other studies in the area?

#### 4.5.2 Moderation of marks

The scores are then collated and adjusted for inter-reviewer variation, using a method developed by Prof Mark Gilthorpe (Professor of Medical Statistics, Leeds University) (see Appendix D).

The scoresheet (with adjusted and unadjusted scores and ranks) is circulated, along with copies of the 10 highest scoring abstracts (adjusted scores) to the SSM Committee members prior to the April/May meeting, at which the committee selects:

- three high scoring abstracts for oral presentation at a plenary session (because a range of topics, studies, and institutions is desirable, these are not necessarily the three highest scoring abstracts);
- c.90 (96 in 2012) abstracts for oral presentation during parallel sessions;
- 60+ abstracts for poster presentations; and
- the threshold below which abstracts should not be offered a presentation, should vacancies occur.

At the final plenary session of the ASM, the pre-PhD ECR and the post-PhD ECR who submitted the abstract with the highest score are each presented with vouchers (amount increased to £100 each in 2012), paid for by the Society.

### 4.5.3 Preparing the programme

*Deadlines:* There is a timeline. For example, the provisional timeline for ASM 2013 was:

STAGE	Action	Restrictions on any change of dates	Suggested Deadline for 2013	Responsible parties
1	Prepare abstract form. SSM to send updated guidelines, categories, award information, conference logos		Monday 7 January	HG3 / ASM LOC
2	Finalise and set up <b>abstract form</b>		Monday 21 January	HG3 / ASM LOC
3	<b>Conference page:</b> send website structure, colour scheme, SSM & Conference logos to the WebMaster		Monday 28 January	ASM LOC
4	Get form live and link on conference web page		<b>by Tuesday 5 February</b>	HG3 / ASM LOC
5	<b>Send out email to all members of the Society advising them the abstract form is live</b>			<b>SSM National Committee</b>
6	Send HG3 a list of <b>peer reviewers' contact details</b> so that the reviewers website can be set up		<b>Friday 1 March</b>	ASM LOC
7	Send updated peer reviewer guidelines			ASM LOC
8	<b>Abstract Submission Deadline (expect 200+ abstracts)</b>	<b>4 weeks after the abstract form is live</b>	<b>Tuesday 5 March</b>	
9	Send abstract allocator (currently Honorary Treasurer) spreadsheet with submitting author's ID No, Title, presenting author, co-authors and affiliations		Wednesday 6 March	HG3
10	<b>Receive randomised allocation of abstracts to reviewers from</b> Honorary Treasurer		<b>Thursday 7 March</b>	<b>SSM National Committee</b>
11	Allocate individual abstracts to reviewers and create pdf's		Friday 8 - Monday 11 March	HG3
12	Send pdf and spreadsheet to webmaster so he can allocate abstracts on reviewer's site		Friday 15 March	HG3
13	Email reviewers with instructions as to how to log onto the reviewers website		Monday 18 March	HG3
14	<b>Reviewers to complete their scores on line</b>		<b>18 March-9 April</b>	<b>Reviewers</b>
15	Scores are collated and sent out to Honorary Treasurer		Friday 12 April	HG3
16	<b>Updated Registration form</b> to HG3, bookings open in May		Friday 12 April (or earlier)	ASM LOC
17	Honorary Treasurer <b>to review the collated score sheets in preparation for the meeting</b>		<b>12 April - 22 April</b>	Honorary Treasurer
18	<b>Meeting of the Society's Committee to make abstract selection</b>		<b>Monday 22 April</b>	<b>SSM National committee</b>
19	Local committee Chair plus 1 or 2 others meet to put abstracts into <b>session batches/themes</b>		<b>Friday 26 April</b>	ASM LOC
20	<b>FREE PLACE APPLICATIONS DEADLINE</b> - priority to those who have abstracts accepted; and those who have submitted		<b>Friday 3 May</b>	
21	<b>Registration form</b> goes live		Friday 10 May	HG3
22	<b>FREE PLACE applicants notified prior to letters being sent out (if giving registration deadline)</b>		<b>Before 13 May</b>	<b>SSM National committee</b>
23	Initial author letters are sent out advising submitting authors whether they have been <b>selected or rejected</b> , asking them to <b>register and pay by 31 May</b> (if giving deadline)		week commencing 13 May	HG3
24	Send updated <b>guidelines for posters &amp; speakers</b> to HG3 (these will be sent out with confirmation letters)		week commencing 20 May	ASM LOC

25	Send out author notification letters <b>confirming oral presentation slots/poster numbers</b>		week commencing 20 May	HG3
26	Programme Files to be prepared for Printers		week commencing 27 May	HG3
27	Prepare <b>provisional oral programme</b> , publish on website so authors can check when and where they need to attend		ideally by 24 May	ASM LOC
28	<b>DEADLINE</b> for authors to register and pay - you need to chase up those who have not (if necessary extend the deadline) [remember to follow-up later on, amending the programme if some drop out]		<b>Friday 31 May</b>	HG3 / ASM LOC
29	JECH Copy Deadline (give yourself an extra week)		11 July (for 17 July) - tbc	ASM LOC
30	Chase Authors who have not registered		August	HG3 / ASM LOC

*Informing presenters:* This is currently done by the professional conference organisers, HG3.

*Preparing the programme:* This is done by the ASM committee.

*Preparing the abstracts for publication in a JECH supplement:* This is done by HG3, under the guidance of the ASM committee. See the timeline. It is important that negotiations with JECH commence early in the calendar year, to agree a cost and the timings to ensure delivery of printed supplements in time for distribution to conference participants.

*Penalties for withdrawal:* None, apart from losing some or all of their registration fee if they have already registered (except where specific extenuating circumstances lead the ASM chair to decide this should be reimbursed).

Post ASM Evaluation – each year an online evaluation survey is conducted for those who attend the ASM. SSM has appointed a survey officer to do this. Findings are discussed at the January committee meeting.

## 4.6 Eponymous lectures at the ASM

### 4.6.1 The Pemberton Lecture

In 1933 John Pemberton with other medical students at University College London offered first aid to the Jarrow Hunger Marchers. Concerned by the marchers' condition, he wrote an article on "Malnutrition in England", linking malnutrition to the level of unemployment benefits. After completing medical training, he worked with Sir John Boyd Orr on a nutrition survey of some 5,000 British children. In 1941 he was appointed tutor (later senior lecturer and reader) in the University of Sheffield Medical School and worked on vitamin deficiency with Professor Sir Hans Krebs. In 1958 he took up the Chair of Social and Preventative Medicine at Queen's University, Belfast, a position he held until retirement in 1976.

Professor Pemberton died on 7 February 2010 (see obituary [www.guardian.co.uk/science/2010/apr/14/john-pemberton-obituary](http://www.guardian.co.uk/science/2010/apr/14/john-pemberton-obituary)).

Whilst on study leave in the USA during 1954-5 John Pemberton met Harold Willard. Together they started the 'International Corresponding Club', which became the International Epidemiological Association (IEA). On return to the UK in 1956 he took a leading role in founding the Society for Social Medicine (SSM) (see [J Epidemiol Community Health, 2002, 56,342-6](#)).

In September 2007 the Society for Social Medicine ASM was held jointly with the European section of the International Epidemiological Association. This meeting at University College Cork, Ireland was the 50<sup>th</sup> anniversary of the first meetings of both the IEA and SSM. In celebration of these fiftieth anniversaries and in recognition of Professor Pemberton's role in the foundation of both societies, SSM established an annual John Pemberton lecture. The inaugural John Pemberton lecture was presented by Professor Jørn Olsen (president of the IEA). More information is available on the SSM website ([www.socsocmed.org.uk/pemlec.htm](http://www.socsocmed.org.uk/pemlec.htm)), where a list of previous lecturers can also be found ([www.socsocmed.org.uk/ssminfo.htm](http://www.socsocmed.org.uk/ssminfo.htm)).

#### 4.6.2 The Cochrane Lecture

Archie Cochrane (1909-1988) made many highly significant contributions to medicine and to medical research. He is best remembered for his challenge that the reports of medical research, and in particular, randomised trials, be organised, evaluated and up-dated at intervals to give a valid evidence-base for medical and surgical practice. His frequent challenges led Iain Chalmers to set up the Cochrane Collaboration, which, in turn, led to a paradigm shift in clinical practice summarised in the phrase: 'evidence-based medicine'.

Archie was a founding member of both the Society of Social Medicine and the International Epidemiological Association. He valued both and was a very frequent attendee at their meetings. He often expressed delight at the inclusion of disciplines other than medicine, and later, in playing a key role in the setting up of the Faculty of Community Medicine (now the Faculty of Public Health) he was concerned lest this, being within the Royal College of Medicine, might become exclusive to those who were medically qualified.

Archie was a lateral thinker with almost unlimited interests in medicine, and the encouragement he gave to others, and especially to junior research workers – whatever the topic of their research – enriched many a career. On the other hand, he was deeply concerned at the lack of rigour in the evaluation of clinical interventions. He yearned for more attention to be given to the prevention, rather than the treatment of disease. The origin of this concern of his predates his involvement in clinical activities. A self-written obituary can be found at [www.cardiff.ac.uk/insrv/resources/solar/bmj\\_alc\\_obituary.pdf](http://www.cardiff.ac.uk/insrv/resources/solar/bmj_alc_obituary.pdf).

The first Cochrane Lecture of the Society of Social Medicine was given by Peter Elwood at the Annual meeting of the Society in Glasgow in 1990. More information is available on the SSM website ([www.socsocmed.org.uk/cochlec.htm](http://www.socsocmed.org.uk/cochlec.htm)), where a list of previous lecturers can also be found ([www.socsocmed.org.uk/ssminfo.htm](http://www.socsocmed.org.uk/ssminfo.htm)).

#### 4.6.3 Arranging these two lectures

##### *Invitation – SSM President*

This is the responsibility of the SSM Committee. At the April/May Committee meeting, the President seeks suggestions for eminent speakers to invite to give these two lectures the following year. Usually there will be two names agreed for each, one to be invited and one to be invited if the first declines or is unable to accept. In line with the work of Pemberton and Cochrane, the Pemberton lecture focuses on epidemiology and the Cochrane on evidence-based healthcare.

A list of past Pemberton and Cochrane lecturers is available on the SSM website at [www.socsocmed.org.uk/ssminfo.htm](http://www.socsocmed.org.uk/ssminfo.htm).

The President invites the two speakers (and the reserve if necessary) and notifies the Committee at the September meeting (and the chair of the ASM organising committee earlier, if desired) of the outcome.

If the ASM organising committee has a particular reason for wanting a specific individual to be invited, they can contact the SSM Committee by the beginning of April 17 months before their ASM to make the case but it is the SSM Committee that makes the decision.

#### ***Payment of honoraria – SSM Honorary Treasurer***

This is the responsibility of the SSM Honorary Treasurer. HG3 sends a cheque to the lecturers after the ASM. The honorarium was £400 for each of the two lecturers 2004-2011 (and possibly before then). In 2012 it was increased to £500 each and the decision made to index link this thereafter to the nearest £10.

#### ***Practical arrangements – ASM Chair***

This is the responsibility of the ASM organising committee. The Chair or other designated person needs to contact the invited speakers to ascertain the title of the lectures (for the programme), agree the timing of the lecture, and, nearer the time, ascertain their travel details.

The speakers have their accommodation and registration at the ASM paid for by the ASM, including the ASM dinner; their travel costs are also reimbursed by the ASM. It is customary for the SSM Committee to take the invited speakers out to dinner on the evening prior to the ASM (paid for by SSM but organised by the ASM Chair) and for the ASM Chair to take the speakers out to dinner after the reception on the first evening of the ASM (paid for by the ASM).

The ASM Chair and SSM President each thank the speakers afterwards.

### **4.7 Bursaries for students and others on a low income**

The SSM Committee is committed to continue funding at least 25 free places at each ASM for students and other early career researchers, subject to a healthy financial status.

At the same time as abstract submission deadlines are advertised a notice is posted on the SSM and ASM websites announcing that a number of bursaries are available to students and other people on low incomes (defined as an amount around the normal postgraduate student stipend). An announcement is also emailed to the Heads of Academic Departments. Applicants are asked to complete an application form which they email back with scanned proof of their income. The deadline for applications matches the abstract submission process. Previous recipients of a bursary are eligible to apply again, but the maximum number of awards is two.

Bursaries are offered to all those eligible who have an abstract accepted. If places remain, a selection panel is convened comprising the Honorary Treasurer and one other Committee member. If necessary, the President has the casting vote.

After the application deadline, the applicants' supporting statements are anonymised and sent to the selection panel. .

The bursary covers cost of registration, accommodation for the two nights, conference dinner and social events up front from the local ASM budget. The award holder arranges their own travel, and keeps tickets/receipts which they send to the Treasurer's administrative assistant after the conference. Travel expenses up to £200 (standard class and only absolutely essential taxis) are reimbursed from the central SSM budget. Award holders submit a report on their experience of the meeting (about 200 words) and this must be received before travel costs can be reimbursed.

## 4.8 One Day Meetings

### 4.8.1 Principles

An application process for holding one day SSM meetings and workshops has been developed and agreed by the committee. It will be implemented in September 2015.

### 4.8.2 Checklist for organising a one-day meeting for the Society for Social Medicine

A list of previous one-day meetings can be found at [www.socsocmed.org.uk/ssminfo.htm#AppendixVI](http://www.socsocmed.org.uk/ssminfo.htm#AppendixVI).

The checklist for organising a workshop at the ASM may also be useful ([www.socsocmed.org.uk/workshopguide.htm](http://www.socsocmed.org.uk/workshopguide.htm)).

*Target audience and purpose:* Consider target audience. This will determine the theme, specific objectives, publicity strategy, venue and estimates of attendance. Each one-day meeting should have a clear purpose, with a clear understanding of what the meeting is intended to achieve

*Speakers:* Invite speakers

*Date:* Set date

*Venue:* One-day meetings, like the ASM, can take place anywhere. The cost of the venue has to be covered by charging for attendance, though the Society underwrites these events.

*Financial administration:* Set up a financial system within your own university and approach SSM at the end with financial records and a cheque if there is a profit, and financial records and a request for a cheque if there is a loss.

*Costs:* When estimating the cost, include the cost of conference facilities including lunch and refreshments for attendees; LCD projector; speakers' costs for travel, accommodation, subsistence and a token of appreciation; and printing, telephone, post and administrative help.

When determining how much to charge for attendance, go for breakeven, with an estimate of attendance between 30 and 80 people. Charge less for SSM members and low income groups. For example, £35 -£70 for SSM members, £60- £90 for non-SSM members, and £10- £20 for non-waged (2012 prices). The fee will depend on both the numbers expected and the costs, for example whether rooms can be obtained without charge, and whether speakers and facilitators require reimbursement of expenses and/or honoraria. SSM encourages events to be inexpensive, to enable more people to attend.

*Advertising:* The conference details can be placed on the SSM website, Twitter, Facebook and in issues of the SSM Newsletter and a monthly SSM email free of charge.

If it suits your target audience, advertise free in monthly emails from Faculty of Public Health, via Public Health Observatories / Public Health England, Heads of Academic Departments of Public Health (HOADS), relevant jiscmail lists, newsletters and websites of other organisations, etc.

*Evaluation:* Report back to the SSM committee. You may want to evaluate the day using a short evaluation sheet in the delegate pack. Higher response rates are generally achieved by emailing delegates shortly afterwards with a link to an online survey, eg using Survey Monkey, than from paper forms distributed at the time.

Example survey sheets can be found at the end of this handbook, at Appendix C.

## 5 Links with other organisations

As described, provision is made for representatives on the SSM committee of related societies. These should be in the fields of epidemiology, public health and/or health services research.

### 5.1 EUPHA: the European Public Health Association

Members of the Society are automatically members of EUPHA under a special arrangement. Martin McKee, a founder member of EUPHA and active in SSM, provided a strong link between the organisations. This has financial implications for the Society, which have to be considered when agreeing membership fees.

Until 2011, the SSM was represented on the EUPHA Council. Constitutional changes in 2011 including limiting representation on the Council to one organisation per country. Both the Faculty of Public Health (FPH) and the SSM are constituent organisations of EUPHA. The two organisations will take turns in representing the UK.

A second member also sits on the EUPHA Scientific Committee (which reviews abstracts). This is an elected role, but the elected person is not eligible to be on the SSM committee.

### 5.2 International Epidemiology Association (IEA)

SSM and IEA share the same origins, and almost the same founding group. Each was started in 1957, with very similar aims and objectives. They have also shared conferences (e.g. Oxford and Cork). SSM is the society representing the UK (and also still Ireland) on the European regional board of the IEA, as IEA is administered along the lines of WHO regions. IEA offers reduced membership subscriptions for members of recognized / signed up national (epidemiology) societies.

## 6 Applying for Membership

### 6.1 Eligibility

Membership of the Society is open to those who contribute to the objectives of the Society. For nomination to Membership of the Society, the Committee requires evidence of eligibility from a proposer; usually consist of references to published work or accounts of current research and/or accounts of teaching responsibility and/or position held.

### 6.2 Process of application

#### 6.2.1 Application forms

The application form and direct debit mandate form can be found at <http://www.socsocmed.org.uk/forms.htm> .

#### 6.2.2 Application

Prospective members must complete the online membership application forms. New members are generally proposed by an existing member who knows them in a work context.

Prospective members must include the name of a current member willing to nominate them. Where they do not know any members, or do not know who is a member locally, the Committee can email current members working in the same geographical area or institution to ask whether any of them would be willing to nominate that individual.

When someone applies who does not know an existing member, they are asked to send in a short CV for the Honorary Treasurer to scrutinise, and make a decision.

To avoid financial scams, confirmation is sought from their employer for non-EU applicants not known to SSM members.

The individual requesting membership must also post a cheque made payable to 'The Society for Social Medicine' to cover that year's annual fee (£35 in 2013) and a completed Standing Order mandate.

### **6.2.3 Approval and publicity**

The Honorary Treasurer circulates the current SSM Committee with a list of proposed new members. The purpose of sending the list round to the committee is a double-check to make sure that none of the Committee has any previous experience of that person that would make them concerned about consenting to membership. Sometimes there are names on the list that have no proposer yet. This is the Committee's chance to raise any objections, but even if no-one objects, they are not instated as a member until they have been proposed by an existing member, or the Honorary Treasurer has read and approved their CV. This order of activities ensures that genuine applicants are able to join the society as soon as possible.

In summary, no-one becomes a member until they have been proposed by another member and their membership fee has been received.

The names of new members admitted since the last newsletter are published in the following newsletter.

## **7 Privacy Policy for Membership Data**

Any information submitted through the web site of the Society is held in the strictest confidence. Members' postal and email addresses are used to keep them informed of SSM activities and to mail them other information which members of the Committee feel may be of interest to members. The information on areas of expertise, qualifications and employer can be used to direct some of our communications to those most likely to be interested.

The Society holds the full electronic membership list and is under an obligation not to copy the list to any commercial organization.

The only information collected from the website is that listed on the update form. Members who do not wish to use the web based update form may send HG3 the information by email or by post. Whatever information members submit will be held on a computer database under the conditions described above.

The Society will not sell, trade, or rent any personal information to any third party.

We appreciate that privacy is very important to members. We welcome comments regarding this policy so it may be improved. Members are asked to send comments to the Honorary Secretary, at [secretary.ssm@gmail.com](mailto:secretary.ssm@gmail.com).

As a result of comments and legislation, the Society reserves the right to modify its Privacy Statement from time to time.

## **8 Proposal for Election to Honorary Membership**

Honorary members are generally around retirement age, having normally been longstanding members of the Society, and have made a significant contribution to the Society and/or to social medicine.

Historically the decision on who to invite has been made entirely by the Committee. The Honorary Secretary ensures this item is on the agenda for the April/May committee meeting.

Suggestions are discussed, and two or more proposals accepted The President then contacts the proposed individuals to invite them to become honorary life members. The names of those so proposed who have accepted are included in the Honorary Secretary's report to the AGM. Names of honorary members (including those who are deceased) are listed at [www.socsocmed.org.uk/honmem.htm](http://www.socsocmed.org.uk/honmem.htm).

From 2015, a new system is to be adopted where members are asked for nominations for honorary membership based on:

Contribution of social medicine

Contribution to the Society

The Committee will then decide on which members should be offered honorary status.

## **9 Committee Procedures**

### **9.1 Nominations to committees**

#### **9.1.1 President-elect**

Following amendments to the constitution in 2012, the term of office was changed from one year as Chair to two years as President. In alternate years, the Honorary Secretary issues a call in July to SSM members for nominations for President-elect - in time for the elected individual to be named at the AGM preceding their term of office. The elected officer will be President-elect for one year from 1<sup>st</sup> January of the year following their election, President from 1<sup>st</sup> January of the subsequent two years, and Immediate past President from 1<sup>st</sup> January until 31<sup>st</sup> December of their fourth year.

#### **9.1.2 Honorary Secretary, Honorary Treasurer and Communications Officer**

The term of office is for up to five years. In the office-holder's final year, or earlier if the officer indicates s/he will be standing down, the Honorary Secretary issues a call for nominations to all members. Ideally this is also in July, to enable election results to be announced at the AGM before the change of officer.

#### **9.1.3 Ordinary Committee members**

The term of office is for three years. Each July, the Honorary Secretary issues a call for nominations to all members.

#### **9.1.4 Co-opted members**

The Committee has the power to co-opt members to join the committee for specific roles that can't be undertaken by ordinary committee members. These include co-ordinating the Local Organising Committee for the ASM, acting as liaison of a related professional society, and other roles as required at different times. The length of service of a co-opted member should relate to their role in the society, but not usually be any longer than that of an ordinary member (3 years). If appropriate, co-opted members could serve more than one term of office. Overall, the committee should always have more elected than co-opted members.

### 9.1.5 Section sub-committees

At least one member of the section sub-committee (usually the chair) sits on the main SSM Committee.

Only Section members are eligible to vote for members of Section sub-committees.

### 9.1.6 Section subcommittee members

The term of office is for three years. Each year, each Section subcommittee issues a call for nominations to all members of that section. Each subcommittee decides which of them will chair the subcommittee and which of them will represent the section on the main SSM Committee. While there are few enough sections for this not to impact adversely on the Committee, each of these tasks should usually be undertaken for at least two years, to ensure continuity, so there are two representatives from each section on the main SSM Committee, with staggered terms.

The ECR section may include non-SSM members on their mailing list for certain activities, if they feel this will introduce a larger range of individuals to the Society but only individuals who are members of the Society in good standing can be deemed Section members; other sections are expected to include only SSM members on their mailing list. If the call for nominations is circulated to the entire ECR mailing list, those wishing to stand would need to join the SSM if not already members, as nominations for an SSM Section committee can be accepted only from Society members. Unlike other nominations, the call for new Section subcommittee members can be made *after* the ASM, to attract more interest. Other sections can also make a case to the main Committee to have this timing.

### 9.1.7 SSM representatives to other organisations

The SSM Committee includes SSM members co-opted to represent SSM on the following organisations:

- The International Epidemiology Association European Epidemiology Federation (IEA-EEF)
- The European Public Health Association (EUPHA) – membership of the Governing Board rotates between the SSM and the Faculty of Public Health but representatives of each body receive full documentation from EUPHA. Therefore, the Committee also discussed in 2011 inviting a representative from the Faculty of Public Health (FPH) to join the SSM Committee, and would propose reciprocal representation but no decision or action has yet been taken (December 2012).

The SSM Committee identifies such individuals; they can use the newsletter to call for volunteers for and/or election to these roles.

### 9.1.8 Eligibility criteria and procedures

All committee members, including those on SSM Section subcommittees, must be SSM members in good standing at the time of their nomination and throughout their tenure. Nominations must be signed by both a proposer and a seconder, each of whom must be SSM members in good standing. Electronic signatures are acceptable but not typed forms without signatures. Interested potential nominees who do not know any SSM members can contact the Honorary Secretary, who will try to help, for example by contacting SSM members local to that individual.

If more nominations are received than there are vacancies (i.e. more than one for Officer posts or more than two for Ordinary committee membership), the Honorary Secretary will arrange an electronic ballot. Each candidate is asked to provide a 50 word statement about what they would contribute to the Society, which is sent electronically to all members together with the names of each candidate, instructions for voting (one vote is allowed per

vacancy, so two votes for committee membership), the deadline for voting, and a link to the ballot. The Honorary Secretary usually notifies the membership of the results through the AGM report.

If too few nominations are received, the Honorary Secretary can re-issue the call for nominations and conduct the ballot subsequently, using the same time intervals as above (see Table 1 above). In that case, the membership is notified of the results through the monthly email or quarterly newsletter.

## 9.2 Organising SSM Committee meetings

There are three full committee meetings each year and three teleconference meetings of officers only. The Honorary Secretary organises all of these meetings supported by HG3, the current administrative support organisation.

The Secretary prepares a draft agenda, based on the template above (section 3.6.2 above) plus additional items that have been sent to him/her. The draft is then agreed with the President, then circulated to all the committee members, together with other relevant papers. In 2011, a numbering system was introduced for committee meeting papers. Each paper is identified using three numbers:

- The year of the meeting
- The number of the meeting (numbered continuously since the first committee meeting, not renumbered each year)
- The agenda item to which it refers

So for example, the minutes of the 183<sup>rd</sup> meeting, to be considered at the 184<sup>th</sup> meeting, were identified as 2011\_184\_2 (as it was the second item on the agenda).

This number forms the filename of the document and is added as a footer to the document.

## 10 SSM Information: Lists

- Honorary Members: [www.socsocmed.org.uk/honmem.htm](http://www.socsocmed.org.uk/honmem.htm)
- ASMs held: [www.socsocmed.org.uk/ssminfo.htm#APPENDIX3](http://www.socsocmed.org.uk/ssminfo.htm#APPENDIX3)
- One-day meetings held: [www.socsocmed.org.uk/ssminfo.htm#AppendixVI](http://www.socsocmed.org.uk/ssminfo.htm#AppendixVI)
- Membership of SSM Committees since 1983: [www.socsocmed.org.uk/ssminfo.htm#Appendix5](http://www.socsocmed.org.uk/ssminfo.htm#Appendix5)
- Pemberton and Cochrane lecture speakers: [www.socsocmed.org.uk/ssminfo.htm#APPENDIXIV](http://www.socsocmed.org.uk/ssminfo.htm#APPENDIXIV)

## Appendix A. The role of the Society for Social Medicine in the 21st century

Document for discussion by the SSM Committee on 22<sup>nd</sup> January, 1999, prepared by Diana Kuh, Kate Thomas and Charles Florey.

### A1 Introduction

Various factors have led a number of Committee members to initiate a debate about the future role of SSM. There are growing opportunities for the Society to take on more roles, if that is what its members want, which have arisen partly out of the Society's long term success. The Society is known for its high quality and friendly annual meetings, its interdisciplinary nature, and its value for money. It is seen within academia and government circles, by other professional societies and national and international groups as the main learned society of epidemiology, public health, and health services research in Britain. In a sense its potential for growth is due, in part, to this successful outside recognition. The Society is asked by these other groups if it wants, for example, to provide scientific evidence, further training for health professionals and certification of health researchers, nominate representatives to sit on Committees, and comment on policy. Generally, our response is fairly limited, in part due to an acknowledgement, at least on the part of the Secretary, of time limitations but also by the absence of an agreed structure of delegation. Established priorities emphasise the need for action in two areas in particular:

- a) when rules and regulations regarding access to medical and other records for research purposes or the continuation of health surveys are under consideration,
- b) and when the Society is asked for evidence or comments on policy to do with social inequalities in health and health care.

Generally, members have not voiced many opinions about what they want their Society to offer. However, over the last ten years, attempts by health service researchers, epidemiologists and non-medical public health professionals to set up groups more dedicated to their own interests, may have been taken in response to a perceived lack of support from the Society. The continued growth in membership and in attendance at the Annual Scientific meetings suggests that we are providing a valued service.

More immediately, the Committee must soon make decisions about membership fees and elect a new Secretary. Although the success of the Annual Scientific meeting is not in question (but there is always room for improvement - see below), the low attendance at one day meetings and the apparent difficulty in getting them organised needs to be addressed.

### A2 CURRENT FUNCTIONS OF THE SOCIETY

Since it was formed in 1957, the Society has fulfilled its purpose mainly through the organisation of scientific meetings. The nature of these meetings rightly and inevitably responds to the changing interests of researchers which in turn is partly a response to changes in the funding of research and research priorities. The growth of government funded health services research is a case in point. The Committee also needs to reflect the interests of its members. Perhaps we need to track the changing research interests of our members more closely or explicitly ask them for their views? We may need to consider whether the procedures for election to the Committee need to be revised to ensure that the interests of members are adequately represented. For example, do we need to offer more structured information about candidates so that their interests are made explicit?

### **A3 Annual scientific meeting**

Are any major or minor changes needed or do we have the balance right? In recent years there has been discussion about the balance of papers - there has been a shift from papers on aetiology to those on health services research - and there is a difference of opinion as to whether the shift has gone too far, or not far enough. There are growing complaints about the physical space and status given to posters - again different opinions exist.

There is also the question to what extent the Society should be international. There are some who feel that the Society is too 'parochial' and others who are happy for it to remain a British institution. It might take on both roles by making the annual meeting more international, but retaining a national emphasis in its other activities.

### **A4 One day meetings**

We have had many successful meetings but there seems to be a growing problem of attendance, and of people willing and able to give the time to organise them. There may be growing 'competition' from regional meetings. We may simply need to advertise them more widely or we may need a radical rethink. Running joint meetings with other societies can be successful but also raises problems of sponsorship.

### **A5 SSM Newsletter**

Kate Thomas and Michelle Hassall have edited the Newsletter for the past few years. Comments have been very favourable. It acts as an important route for disseminating information about the Society, advertising meetings, and raising awareness of changes in public health. Should we use the Newsletter to link in similar societies with other countries? Should we charge libraries etc for copies of the Newsletter?

### **A6 Links with JECH**

Founder members of the Society also founded the JECH, originally the British Journal of Social and Preventive Medicine. Their shared intellectual origins are reflected in the current arrangement whereby two SSM representatives are full members of the editorial Committee. Generally these representatives have acted more in an individual capacity as the needs of the journal and the Society have been quite compatible. Last year the editorship of JECH changed and the editorial committee were all replaced. The new editors - Carlos Alvarez-Dardet from Department of Public Health, University of Alicante, Spain and John Ashton from Department of Public Health in Liverpool, are changing the direction and emphasis of the journal. They wish it to become more 'global' (by which they mean international) and to have a stronger policy content. Health services research is not so high on the agenda, the editors suggest that there are many other journals devoted to HSR. The role of epidemiology is not entirely clear - apparently it continues to have a high profile in terms of the proportion of papers but there is only one representative for epidemiology on the editorial Committee, Klim MacPherson (there are others on an international advisory Committee that is being established). The BMJ Publishing Group were attracted to the global perspective might result in greater international recognition. Given this perspective, the editors, particularly John Ashton, see the link with SSM as 'parochial' and disadvantageous to promoting a wider readership. In response to these changes the SSM Committee proposed two new SSM representatives who were also members of the SSM Committee - Ian Harvey and Diana Kuh. At the recent editorial meeting of JECH, the relationship of the journal to the Society was explicitly on the agenda, including the appropriateness of continuing to print our SSM abstracts and whether the SSM representatives were full members of the editorial Committee. The current Committee decided in our favour on both counts but gave the editors discretion to exclude abstracts that did not fit with the Journal's 'mission statement' which is currently being drawn up. The relationship will almost certainly be reviewed again,

especially if other Societies from other countries ask for the same rights on the journal as we currently enjoy.

This relationship will need to be given more attention by the Committee who also need to consider links with other journals that they may wish to develop. Roberto's department have suggested that they would like special journal rates negotiated with Social Science and Medicine, Health Services Research and Policy, and Quality in Health Care. Charles has suggested the JPHM.

#### **A7 The Society's Web Site**

The Society communicates with its members in a number of ways, but they tend to be slow and dependent on a fairly inflexible schedule for publication. An embryo web site has existed for over a year, but it is not the automatic place for members to go if they want to know what is happening. The site needs to be developed. We need to give thought to its content and functions, and how much we are prepared to invest in it to give the Society's activities immediacy and to provide a valued service to the members.

#### **A8 Links with EUPHA**

Members of the Society are automatically members of EUPHA under a special arrangement. Martin McKee, a founder member of EUPHA and active in SSM, provided a strong link between the organisations until recently and his personal enthusiasm ensured this link, with its financial implications for the Society, despite annual questioning of the link at the AGM. On his resignation, Nick Payne has now become the SSM EUPHA representative and the Committee needs to give some thought to how it would like to see the relationship continued, offering and taking advice from our new representative. Not least, the relationship has financial implications that have to be considered when agreeing membership fees.

#### **A9 Relationships with other public health bodies**

The Common Agenda for Public Health was set up to provide a strong common voice in support of public health in the new political climate. The Society was offered representation and Allyson Pollock was nominated our representative on this group. One question that should be raised is how far the Society should actively lobby on policy and put its name to policy statements, given its main function as a scientific society. Allyson Pollock has been invited to the January meeting to give her views on the relationship with the Common Agenda Group and the APH. Should our representative be a co-opted member of the Committee? SSM also has a representative (Kate Thomas) on the editorial board of the Public Health Forum newsletter set up to keep public health organisations informed of what each are doing individually and together.

#### **A10 Training of health professionals and researchers**

The multidisciplinary public health forum, which has emerged in the last couple of years, is concerned with the training needs of non-medically qualified health professionals and researchers. The Committee discussed the role of the Society in the area of education, training and career structures for public health professionals. It endorsed a paper by the then Chair, Andrew Boddy, which argued that the Society should be supportive of the new Multidisciplinary Public Health Forum without compromising its own integrity or scientific standards or damaging the style of the Society and its traditions. The Society offered practical help by providing £1,000 towards the funding of local meetings of public health professionals, and in subscribing to the Public Health Forum Newsletter. We continue to get requests to fund meetings and other initiatives but have declined to offer further support.

An IEA-European working group is currently considering the certification and training of epidemiologists at national level with the expressed aim of matching national criteria - we have nominated Margaret Thorogood to sit on this group.

The ESRC now offer grants to Learned Societies to provide advanced postgraduate training.

The Committee should consider whether the Society should have an explicit training and education role and the steps needed if it wishes to expand such a role. Perhaps it would be useful to have a statement clarifying this role for its members and those of other organisations.

#### **A11 Submission of evidence to government bodies and non profit making organisations.**

In the recent past we have been asked to comment among other things on three ONS reviews, government green papers on public health, the Independent Inquiry into Health Inequality, a review of energy prospects for the 21<sup>st</sup> century and a national occupational health strategy. How much effort should the Society put into responding to requests? Should we establish explicit criteria? How can the responsibility for coordinating a SSM response be effectively organised and shared between Committee members and other members of the Society? Can the Committee speak on behalf of its members?

#### **A12 Conclusion**

In discussions over the years, the Committee has generally endorsed the main purpose of the Society as an informal organisation interested in promoting discussion of the scientific aspects of social medicine by running annual and one day meetings. The Society's role is seen as helping to raise and maintain scientific standards, and to be concerned with the link between research and practice in public health. We doubt there is much disagreement with these general statements. The need to revisit membership fees offers the opportunity to debate the future of the Society, and to enter into a consultation process with the membership. This process could include concrete proposals for how their membership fees will be spent, how best to further new aims and what expansion of the Society's work, if any, is desirable in the 21st Century.

There are implications for all Committee members in the decisions made.

Original Draft by Di Kuh, 9 November 1998

Revised by Kate Thomas and Charles Florey, 27 November, 1998

## **Appendix B.2012 Survey of SSM members**

**B1.**

## Appendix C. Sample evaluation forms

AOC November 2004

### **Evaluation sheet**

#### **One Day Conference for Society for Social Medicine**

### **TITLE OF DAY**

A. Please tick one box for each aspect of the conference:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Very poor</b>
The whole event.....	<input type="checkbox"/>				
The talks.....	<input type="checkbox"/>				
The discussion.....	<input type="checkbox"/>				
The opportunity for meeting people	<input type="checkbox"/>				
The venue.....	<input type="checkbox"/>				
The conference organisation.....	<input type="checkbox"/>				
Value for money.....	<input type="checkbox"/>				

B. Any other comments?

**Thank you.** Please leave your completed form at the conference desk at the end of the meeting or post it to NAME / Organisation / ADDRESS

**TITLE of DAY: evaluation form**

**DATE**

---

Please indicate your evaluation of this one-day meeting by circling the number that corresponds to your view for each item

**1) Format/ Structure of the meeting**

Inappropriate

Very appropriate

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**2) How much did you learn from the meeting?**

I learnt nothing

I learnt a lot

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**3) Quality of the morning presentations**

Very poor

Excellent

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**4) Quality of the afternoon workshop sessions**

Very poor

Excellent

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**5) Overall quality of the conference centre, facilities, meals and refreshments**

Very poor

Excellent

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**6) Booking arrangements and other admin prior to the meeting**

Very poor

Excellent

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

**Comments**

**7) Where did you find out about this meeting? (Tick box)**

<b>Public Health News</b>
<b>HTA Mailing</b>
<b>SSM Mailing</b>
<b>SSM Website</b>
<b>R &amp; D Support</b>
<b>Other</b>


If yes, please specify.....

**8) Please identify any particular things that went well (say what you liked about them)**

**9) Please identify any particular things that could be improved (with suggestions about how they may be improved)**

**Thank you for your feedback.**

**WHERE IT SHOULD BE SENT if not handed in on the day**

## Appendix D. Moderating reviewers' marks for ASM abstracts

A file containing a row for each abstract and a column for each reviewer recording the scores of each reviewer for the abstracts they were assigned is created.

This file is read into a statistical computer package. A multilevel model is fitted to these scores with random intercepts for each reviewer and fixed effects for each abstract ID. The fixed effects are used to produce estimates of the average abstract scores, removing the reviewer effect.

These estimates are ranked and the highest scoring abstracts chosen.

Reviewer residuals are plotted and reported back to all those who reviewed to provide feedback.

R code to perform the above is available.