

Published by the Faculty of Occupational Medicine  
of the Royal College of Physicians

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Registered Charity No 1035415

# Faculty of Occupational Medicine Annual Report 2002



## Our Mission

Everyone should have access to advice from a competent occupational physician as part of comprehensive occupational health and safety services. Our aim is for healthy working lives through:

- Elimination of preventable workplace disease
- Maximisation of functional capacity
- Adaptation of work to suit the needs of the individual

## The objectives of the Faculty of Occupational Medicine

- To promote for the public benefit the advancement of education and knowledge in the field of occupational medicine
- To act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine
- To develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity





## The Faculty Board

Surgeon Commodore J J W Sykes	President (to May 2002)
Dr W J Gunnyeon	President-Elect (to May 2002)/President (from May 2002)
Dr A M Grieve	Registrar (to May 2002)
Dr O H Carlton	Registrar (from May 2002)
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer
Professor Sir George Alberti	RCP President (to July 2002)
Professor C Black	RCP President (from July 2002)
Dr M Braithwaite	Elected member
Dr P S Burge	RCP Representative
Dr S E L Coomber	Elected member
Dr N K Cooper	Elected RSA Representative (to October 2002)
Dr N F Davies	Elected member
Dr W W Davies	Co-opted Representative of Wales
Dr T P Finnegan	Elected member
Dr E B Macdonald	Elected Representative of Scotland
Dr J G Mackie	Elected Specialist Registrar Representative
Dr A J Scott	Elected member
Dr D I M Skan	Co-opted Representative of Northern Ireland
Dr D C Snashall	Elected member

The Faculty of Occupational Medicine is a registered charity (No 1035415) and all serving Board members are Trustees

### Key Appointments

(not Board Members)

Dr C E Baron	Chief Examiner (to May 2002)
Dr P I Raffaelli	Chief Examiner (from May 2002)
Dr P I Raffaelli	Deputy Chief Examiner AFOM (to November 2002)
Dr M R Dean	Deputy Chief Examiner AFOM (from November 2002)
Dr N R Williams	Deputy Chief Examiner AFOM
Dr S R Boorman	Deputy Chief Examiner DOccMed
Dr T M Gibson	Deputy Chief Examiner DDAM
Air Cdre A J Batchelor	Deputy Chief Examiner DAvMed
Dr K T Palmer	CPD Director
Dr C D Payton	Newsletter Editor
Dr R Thornton	Conference Secretary

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## The Annual General Meeting, 23 May 2002

### The Faculty Board



#### Back row from left to right:

Alister Scott, David Snashall, James Mackie (Specialist Registrar Representative), John Harrison (Academic Dean), Ursula Ferriday (Assistant Registrar), Neil Davies, Sally Coomber, Tim Finnegan, Will Davies (Representative of Wales), Ewan Macdonald (Representative of Scotland), Gordon Parker (Training Dean).

#### Seated in front:

Paul Litchfield (Treasurer), Bill Gunnyeon (President), Olivia Carlton (Registrar).

#### Board members not present:

Professor Sir George Alberti (RCP President), Malcolm Braithwaite, Sherwood Burge (RCP Representative), Nick Cooper (RSA Representative), Delia Skan (Representative of Northern Ireland).



Honorary Fellows, Fellows, Honorary Members, Members and Prizewinners among the audience.



Sharing a joke – the Officers of the Faculty and President of the Royal College of Physicians.

"We enter 2003 in good heart and with a clear vision for the future. The expertise of our members has never been more in demand nor the opportunities for our specialty and our Faculty greater. In 2003 we celebrate our Silver Jubilee – an opportunity to build on the achievements of the past 25 years whilst adapting to meet the challenges that the next 25 years will present."

– Bill Gunnyeon, President





## Report Bill Gunnyeon, President

2002 was for the Faculty a year of considerable change. Included within that was the transfer of the Presidency from Jim Sykes to myself at the conclusion of the AGM in May. It seems appropriate therefore to open this Report with an expression of gratitude to Jim for his hard work and commitment during his term of office. The role of President is a challenging one (as I now know!) but during his Presidency Jim saw the relationship with the Society of Occupational Medicine strengthen and develop, a new relationship with the British Occupational Health Research Foundation (BOHRF) established and preparations for revalidation driven forward. In addition, through his work within the Academy of Medical Royal Colleges, Jim helped raise the profile of our specialty and ensure a better understanding of occupational medicine amongst our colleagues in other specialties. On behalf of the Board and our members, I would like to thank Jim and to wish him continued success.

So what of the year now passed? I think it is fair to say that it has been a challenging one for the Officers and the staff but also a positive one. To report on all that has happened would take many pages and much is covered elsewhere. I therefore want to select just a few issues from 2002 which I believe are important as we enter 2003.

### Faculty Issues

There are five areas in relation to internal Faculty issues which I would like to highlight:

- In March we welcomed Dr Judith Secker as our first Chief Executive. This was a bold step but one which I am delighted to report has been a resounding success. Not only has Judith been able to relieve Officers of much of the day to day business, allowing them to focus more strategically, but she is also playing a key role in the ongoing development of the Faculty.
- Following Judith's arrival, most of the remainder of the year was spent reorganising and creating an infrastructure which would not only improve the quality of service to members but would provide a sound base upon which to build the future development of the Faculty. Judith has detailed the changes in her report and I hope that as 2003 unfolds, you will start to experience the benefits of all that has been done.
- In order to improve our efficiency and cost effectiveness, all our processes and procedures have been reviewed and amended as appropriate. Increasing use is being made of email and the website, as well as replacement of many face to face meetings with teleconferences.
- In October the Board shut itself away for 24 hours to develop the Faculty's mission and vision – in effect to decide how we would want the Faculty to look in five years' time. Agreement on a series of initiatives has created a plan for achieving that vision and will provide focus and direction as we prepare the Faculty to respond to the changing world in which we work.
- During the year we have continued to work closely with the Society, building upon the sound relationship established when the Accord was signed. The partnership approach in relation to revalidation preparations is a real example of the components of the Accord (coordination, cooperation and communication) working in action.

### Issues within the Medical Profession

We are a part of the wider medical community and, as such, must ensure that we play a full part in relation to issues which impact upon our specialty, the way in which we practise or our membership as a whole. This year saw a number of important developments:

- Revalidation continues to be a source of anxiety for our members. Much work has been done by our Revalidation Committee in partnership with the Society's Education Panel to prepare us for the implementation of revalidation. I would like to thank Jim Sykes and the members of the Revalidation Committee for their considerable contribution to the process.
- 2002 saw the publication of the government's plan to establish the Post-graduate Medical Education and Training Board (PMETB) with its far reaching consequences for post-graduate medical education in the UK. The Faculty supported the Academy's strenuous efforts to influence the shape of the final legislation to ensure an ongoing role for the Colleges and Faculties. The Faculty is a full member of the Academy of Medical Royal Colleges which includes the Presidents of all the Colleges and four Faculties (Public Health Medicine, Pharmaceutical Medicine, Accident and Emergency Medicine and our own). It is clear that the role of the Academy is becoming increasingly important in helping to influence government and this will be even more critical with the dissolution of the Specialist Training Authority (STA) and establishment of the PMETB. The Faculty must therefore participate fully in the Academy to ensure the needs of our own specialty are properly represented.
- Plans for reform of the SHO Grade, a European Directive on the free movement of specialists within Europe and a debate about shortening the training period for the award of the CCST are other issues in which Faculty participation has been important.

### External Issues

It is important that the Faculty is not inward looking but rather ensures that it plays a key role in influencing issues which impact upon the wellbeing of those at work. Of particular note in 2002:

- The publication of 'Work and Mental Health: an employer's guide', a joint venture between the Faculty and the Royal College of Psychiatrists. This book aims to help employers gain a better understanding of mental health problems as they relate to work.
- The Department for Work and Pensions (DWP) published its consultation document which focussed on the importance of getting people back to work following illness or injury. This provides a significant opportunity for the Faculty to contribute to a key government initiative and the Faculty response to the consultation document is on the website.

### Conclusion

2002 has been a busy year and, for me, the first seven months of my Presidency have passed exceedingly quickly. There is much work to do to transform the Faculty and prepare it for the changing world in which we practise. We have, however, made a good start and I would like to express my considerable gratitude to Judith and her team, to the Officers and to the members of the Board for all their hard work and unstinting good natured support. Also to all who are members of committees and working groups, who examine and assess dissertations, who act as educational supervisors and those who help the Faculty in so many ways, a very sincere thank you. Without the support you provide, the Faculty could not function.

We enter 2003 in good heart and with a clear vision for the future. The expertise of our members has never been more in demand nor the opportunities for our specialty and our Faculty greater. In 2003 we celebrate our Silver Jubilee – an opportunity to build on the achievements of the past 25 years whilst adapting to meet the challenges that the next 25 years will present.

Bill Gunnyeon



Report  
Olivia Carlton, Registrar



Report  
John Harrison, Academic Dean

I was appointed in this post in May, taking over from the very capable hands of Alex Grieve. My thanks go to him in no small measure for all his work as Registrar in the previous year. Amongst his many achievements, he co-ordinated the appointment of our new Chief Executive, Judith Secker, which has considerably simplified the duties of the Registrar.

The summer saw the refurbishment and reorganisation of the Faculty offices and my role during the early months of my appointment was to provide support during this process.

The Faculty Board positions of Scottish representative and Regional Specialty Advisers' representative became vacant and elections were arranged. Our thanks go to Ewan Macdonald and Nick Cooper who formerly undertook these roles and the Faculty Board has now welcomed Chris Pugh and Martyn Davidson who have been elected to take their place.

Another key duty for the Registrar is to ensure that the Fellowship Committee work is undertaken with all due process. There are six Fellows of the Faculty on the Fellowship Committee as well as the Chairman, the Registrar and the elected RSA representative. Three of these change each year, by nomination and approval of the Board. This year Alex Grieve, Fiona Page and Nerys Williams were appointed as the new Fellowship Committee members. Nominations for Fellows, Honorary Fellows and Honorary Members were considered at a meeting in October and recommendations were made for the Faculty Board to consider.

In October the Faculty Board held an Away Day under Bill Gunnyeon's leadership, ably assisted by an external facilitator. It was exciting to be in a position to contribute to the development of our mission and to identify what work the Faculty will need to do over the next five years in order to deliver the vision outlined by Bill (the President) in his address at his inauguration in May 2002.

Towards the end of the year the Department for Work and Pensions published their consultation document "Pathways to Work: Helping People into Employment". It is crucial that both the Faculty and the Society make a response to this paper as some of the proposed changes should involve occupational physicians. I have been co-ordinating the Faculty response to this document and I am sure that 2003 will find us collaborating with DWP on their plans for this work.

It has been a very exciting first few months for me in the role of Registrar of the Faculty. If I am elected into the office in May 2003 I look forward to playing my part in delivering improved services to our members.

Olivia Carlton

I saw the film *The Quiet American* recently. For those who do not know it, it is set in Vietnam in the 1950s and it depicts the complex political changes of the time: how they were shaped and their impact on individual people. At one point there was a challenge to see the "big picture" – the overall objective, the achievement of which was creating casualties. As occupational physicians, we are all familiar with the inevitability of change in the business world, as well as the difficulties of managing change. The same applies in the world of medical education. The responsibility for shaping and managing change falls to the Faculty.

Over the last twelve months the Academic Committee has addressed the need to ensure that Faculty examinations are appropriate. The issues that must be taken into account when doing this are numerous and varied. It is important, therefore, to have a clear vision of what we want to achieve – to see the big picture.

Historically, occupational medicine has been concerned with the diagnosis and management of occupational diseases. Our clinical experience tells us that this is no longer the main focus of our activity and both the business and public health agendas are consistent with this. Job retention and rehabilitation back to work are now important issues, as well as promoting what has been called *work ability*, particularly for older workers. (It is somewhat unnerving to discover that an older worker is anyone over the age of 45 years!) Our clinical skills continue to be a core element of our overall competence, but in addition to relating our clinical assessments of individual patients to workplace risks, we have to be familiar with optimal treatment regimes and the impact of illness on work performance. Last year, I talked about a new paradigm for occupational health practice and we have to ensure that our training posts deliver what is relevant and that our assessments of learning outcomes pass muster in the new millennium.

By the time this report is published, the Faculty's vision for the future will have been published. Part of that vision is the achievement of academic excellence on behalf of our specialty, such that specialist occupational physicians can demonstrate their worth to their employers, as well as to the public at large. At a time when the academic base of the specialty is at an all time low, we are fortunate that specialist training in occupational medicine is recognised by the Specialist Training Authority. In the future, specialist training will come under the auspices of the Post-graduate Medical Education and Training Board. It is clear from the consultation document that has been circulated that there is an expectation that all specialist training will be competency based and that assessments of training will meet the requirements of best medical educational practice.

As a Faculty we have seen this coming and we can be justly proud of the standards of our newer examinations – the Diploma in Occupational Medicine and the Diploma in Disability Assessment Medicine. They were developed with the help of experts in medical education. However, we cannot rest on our laurels and even these new examinations are in need of up-grades. We have produced two strategies that will take us forward – an overarching educational strategy that addresses the big picture and an examination strategy that will up-grade and reposition Faculty examinations for the benefit of all doctors who wish to practise occupational medicine.

A new development, which we had hoped to introduce in June 2002, but which will now occur in June 2003, is the Objective, Structured, Clinical Examination (OSCE). It will form part of the AFOM examination and it will replace the clinical examination. There are various stations testing a variety of competencies in a valid, reliable and reproducible way. There is the potential to use this type of examination to test a wide range of skills and competencies and we aim to phase out our current oral examinations in the near future.

The importance of ensuring robust examination procedures and the recording of decisions was brought home to us when a candidate appealed against an examination result. Dealing with an appeal in a fair and just manner is time consuming and costly. However, we all learnt a great deal from this and as a result a number of changes have been made in our procedures and more are planned. We continue to hold examiner-training sessions for new examiners and to monitor the performance of all our examiners. We have had one training session for assessors of dissertations and further sessions will be held in the future. We have reviewed the eligibility criteria for examiners to ensure that we can maintain the high standard that will safeguard the future of the specialty. An important criterion is compliance with the Faculty's Continuing Professional Development scheme. As a Faculty, we are well aware of the importance of the reputation of our examinations.

The next few years will bring continuing change within medical education. On behalf of the members of the Academic Committee I look forward to meeting the challenges of change and to helping the Faculty exert its leadership role. I believe that we do see the big picture and that we have a clear idea of what needs to be done. As always, we rely on the support of the membership to succeed and we understand that the vision must be shared if we are to manage change effectively.

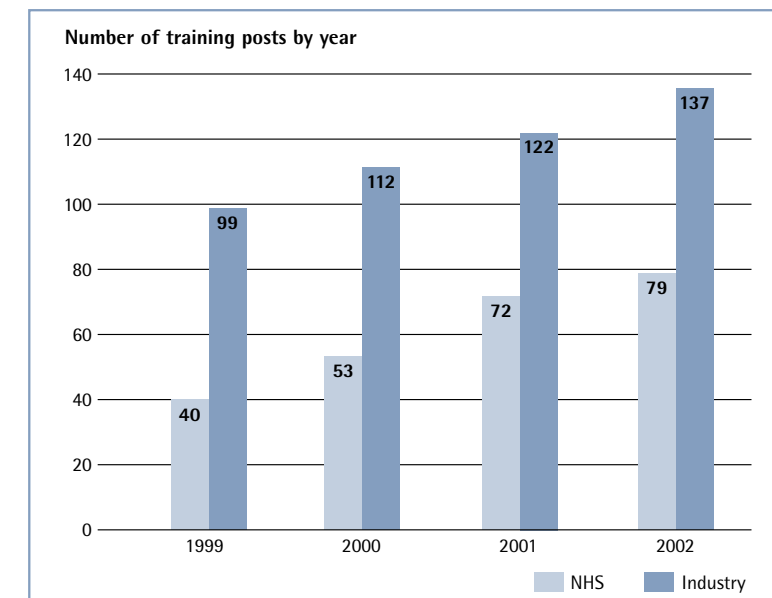
John Harrison

Report  
Gordon Parker, Training Dean



**Workforce Planning**

There has again been a slow increase in the number of active training posts in both the NHS and industry. Dr Brendan Hicks (Lead Dean for Occupational Medicine) and I gave evidence to the Department of Health Medical Workforce Review Team, with the aim of increasing the number of funded training posts in the NHS. However, the apparent growth in consultant numbers in the NHS is significant. With no change in the present number of National Training Numbers (NTNs) there will be an 80% expansion in NHS consultant numbers by 2010. The Review Team was therefore not inclined to grant us more funded NTNs. This projected expansion in the NHS assumes that the current training posts can be filled (and there is a continuing problem of recruitment to NHS Specialist Registrar (SpR) posts) and that newly qualified specialists remain within the NHS and do not move into the private sector. The Specialist Training Committee (STC) is currently investigating the movement of specialists between NHS and the private sector - and the demography of Faculty membership - to aid our discussions with the Workforce Review Team. We hope that the Faculty's new membership database will allow us to look at workforce planning in a more structured way in the future.



### Training Handbook

A major revision of the Training Handbook has been completed, and is available on the Faculty website. The Handbook contains clearer advice on all aspects of the training process from recruitment to CCST, together with an updated Training Record. This now contains tasks for a trainee to complete in each year of the training programme, which are assessed by the educational supervisor. That assessment will form part of the RITA process.

Trainees are also encouraged to keep a record of their educational activity and courses attended on forms that are essentially identical to those of the Faculty's CPD scheme. This should allow easy revalidation assessment and a seamless transfer of CPD information when trainees gain their CCST.

### Overseas trained doctors and the Specialist Register

The STC continues to assess the equivalence of training of overseas doctor before submitting a recommendation to the Specialist Training Authority (STA) for eligibility for specialist registration. Proposed amendments to the European Specialist Medical Qualifications Order to permit 'experience' to be assessed alongside training are likely to increase the number of applications routed through the Faculty. The changes to the legislation are not yet finalised, and the likely effect on workforce planning is unpredictable.

### Specialist Training Authority

The Faculty has enjoyed a fruitful relationship with the STA over the years. Our specialist training procedures have been developed with the STA's guidance, and through our membership of the STA and its Implementation Group, we have gained very useful insights into the way other Colleges and Faculties develop and assess their training programmes. The activities of the STA are to be taken over by the newly formed Post-graduate Medical Education and Training Board, and the Faculty will not have membership or direct representation. It remains to be seen how much influence the Royal Colleges will have in the future direction of medical training.

### Competencies and educational supervision.

The STC continues to review the training process in the light of suggested changes to the competency base and assessment structure. We will be working with the Academic Committee and other stakeholders, including the Society of Occupational Medicine, to improve the delivery of training for Specialist Registrars.

I am most grateful for the support of the members of the STC, and particularly Louise Golds, Head of Education and Training, who keeps track of an increasingly complex system.

Gordon Parker



Report  
Paul Litchfield, Treasurer

### Overview

In last year's report I stated that 2001 was a tough year for all involved with finance – 2002 was even tougher! The fall in equities during the year has been spectacular and has again had an adverse impact on the Faculty's Capital Fund. The stark economic climate and historically low interest rates have resulted in a reduction to a number of our subsidiary income streams though the core elements of subscriptions and examinations have held up against both budget and prior year. The Board made ambitious plans for the year and the 2002 budget accordingly allowed for a 22% increase in expenditure but with a neutral bottom line to minimise as far as possible increases in subscriptions. In contrast to frequent past experience, aspirations were turned into reality and significant sums were expended in improving the Faculty's infrastructure to help make it fit for purpose in the coming years. The net result has been an adverse movement of £9,493 in General Funds for the year – this represents a deficit in operating costs of some 2% against a break-even budget. When combined with the further fall in the value of our investments this gives a paper loss of £81,527 for the year. These movements in value of investments must be reflected in the annual accounts but they only become material at the time the investments are realised. Efforts have continued to improve our financial systems and, for the first time, we have the ability to produce timely financial statements for the Trustees. We have strengthened our systems of corporate governance with a formal annual programme of risk assessment together with new policies on corporate sponsorship and travel and subsistence. Overall the Faculty's financial position remains fundamentally healthy despite troubled times and provides us with a sound platform to meet our charitable objectives.

### 2002 Accounts

The audited accounts for the year are shown at Annex 8 of the Annual Report. The main sources of income remain subscriptions and examinations, accounting between them for more than 80% of the total. Staff remain our principal cost representing one third of all expenditure.

Subscription rates were increased by 18% in 2002 to reflect the perceived requirement for additional expenditure to meet the Faculty's commitments. Despite this substantial rise membership levels remained unchanged and the rise translated into a real increase in income. However longer-term trends in membership have not changed with relatively small numbers of new members and a reduction in retired colleagues choosing to continue to subscribe. The introduction of a one off payment by retired members for a lifetime subscription has attracted some interest with 27 members choosing to subscribe in this way. The poor retention rate for affiliating Diplomates remains a cause for concern and targets have been set for improving performance in the coming year through the provision of better membership services. Examination income increased slightly but substantially less than the 7% by which fees were increased. The DDAM finally seems to have turned the corner and is no longer a significant loss-making exercise for the Faculty. AFOM income has fallen, as fewer non Specialist Registrars are able to take the examination. Concerns about the financial impact of restricting the scope of examinations have been conveyed to the Academic Dean and to the Board.



The conference on chemical, biological and nuclear threats made a small surplus and sales of publications have been flatter than in previous years. Interest rates have been falling and, despite careful management of our cash flow, the contribution to income has fallen by some £5,000. Overall income was £20,000 lower than had been budgeted.

The main costs incurred in servicing the business of the Faculty are those relating to our staff. The appointment of a Chief Executive early in 2002 was a major strategic decision of the Board designed to both ease the burgeoning pressures on voluntary officers and to improve the effectiveness of a creaking infrastructure. In total staff posts increased by two (from 5 to 7) during the year and associated costs went up by 60%, which was still within budget. The programme of improvements to the fabric of 6 St Andrews Place progressed as planned and was brought in to time and budget. Significant capital expenditure was also committed to the provision of a new telephone system and a new IT system with updated equipment. The net result of this expenditure is a working environment suited to the 21st century (rather than the 19th) and a manifest improvement in staff morale.

After staff costs, travel and subsistence expenditure is a major item and one which has been increasing in recent years – this is partly a function of greater activity but also an increasing inability for members to be able to offset expenditure against their employers. It therefore becomes ever more important for members actively to seek the most economical means of travel, in accordance with our policy, to the benefit of us all. The issue of VAT registration was progressed through the year and serial delays were introduced by third parties – by year-end we were finally at the point of registration though the impact will not be felt until next year.

#### Investments

In accordance with guidance from the Charity Commission, we undertake an annual review of our investments and policy. The dire performance of equities together with low interest rates made this a painful experience this year. Our Capital Fund resides in Schroders UK Charity Equity Fund and the unrealised loss for the year was £71,779 (25% of the value of the fund). Advice we have received continues to be to hold equity funds unless capital needs to be realised but in 2003 we will be monitoring more closely the performance of this fund against the sector. Cash on deposit now represents some 60% of our reserves and in the current economic climate this is felt to be a prudent minimum level.

#### Budget 2003

The Board has approved ambitious plans for 2003 and, once again, a 22% uplift in expenditure (£118,000) is projected. Full details of plans are included in the report of other Officers but highlights include the range of Silver Jubilee events, increased regional member representation through enlargement of the Board, with associated Forums to support their constituencies, and the production of the evidence review on hand transmitted vibration as part of the HAVS project. Insurance costs have risen by 40% (including compulsory insurance against terrorism) and staff costs are projected to rise by 7.5%, including the statutory National Insurance rises, though base salary increase has been pegged to 2%.

Much of the increased expenditure will be met through a major drive on corporate sponsorship. The HAVS project is already fully funded courtesy of the Engineering Employers Federation and British Occupational Health Research Foundation and Silver Jubilee events are also geared to be fully self-funded. Examinations and subscriptions will rise by a rounded 3.5%, which, for the first time in 5 years includes an increase in the concessionary (retired) rate of £2 (£10 for life membership).

#### Corporate Governance

The requirements of the Statement of Recommended Practice "Accounting and Reporting for Charities" (SORP 2000) which came into force on 1 January 2001 are now firmly embedded into Faculty procedures. The SORP risk analysis was reviewed separately by the staff under the direction of the Chief Executive and by the Executive Committee during September 2002. A risk analysis was then presented to the Board and amended following full discussion. A slightly modified process to that employed in 2001 was used but, as before, the 6 major risks were ranked and both existing and additional controls identified. Five of the six top risks are different from the previous year in part because of changing circumstances and in part because the actions previously identified have reduced the likelihood and/or impact of the previous top six.

The major risks and the provisions in place to mitigate them are shown in the table.

Major Risk	Existing provisions	Additional Action Required
Failure to retain volunteers	<ul style="list-style-type: none"> <li>Defined scope of work and objectives</li> <li>Regular reviews (Board, Executive and Committee meetings)</li> <li>Reviews of workload and feasibility</li> <li>Clear boundaries for authorities</li> </ul>	<ul style="list-style-type: none"> <li>Development of a framework for volunteers</li> <li>External communications plan</li> </ul>
Problems with regulators	<ul style="list-style-type: none"> <li>Advice from auditors</li> <li>Advice from solicitors</li> <li>Charity Commission guidance</li> </ul>	<ul style="list-style-type: none"> <li>Staff induction, training and appraisal</li> <li>Trustee training plan</li> <li>Compliance review and plan</li> </ul>
Failure of security	<ul style="list-style-type: none"> <li>Insurance</li> </ul>	<ul style="list-style-type: none"> <li>Security review</li> <li>Development of security policy</li> </ul>
Problems with competitors	<ul style="list-style-type: none"> <li>Faculty/Society Accord</li> </ul>	<ul style="list-style-type: none"> <li>Relationships review and plan</li> </ul>
Failure of the training process	<ul style="list-style-type: none"> <li>RITA</li> <li>Examination review and audit</li> </ul>	<ul style="list-style-type: none"> <li>Training review</li> <li>Training performance measures</li> <li>Training targets</li> </ul>
Poor quality of members' work	<ul style="list-style-type: none"> <li>Training process</li> <li>CPD</li> </ul>	<ul style="list-style-type: none"> <li>Development of Revalidation process</li> <li>Development of NCAA relationship</li> </ul>

On the basis of this assessment the Board members, as Trustees of the Faculty, have completed the risk statement shown in the audited accounts.

The Board has also taken note of the difficulties caused to companies, particularly in the USA, where the auditors also fulfil wider financial advisory and accountancy roles. Our relationship with PKF has been excellent ever since we first engaged them as auditors 10 years ago and their financial advice has been most helpful on many occasions. However, given current good practice, it is considered prudent to separate these functions and as individual pieces of work are completed we are ceasing to use PKF for financial advice. The final element will be the appointment of different accountants in 2003 though it is proposed again to recommend PKF to the AGM as our auditors.

## Objectives

The Treasurer's function is to ensure that funding is available so that the Faculty can discharge its charitable purposes.

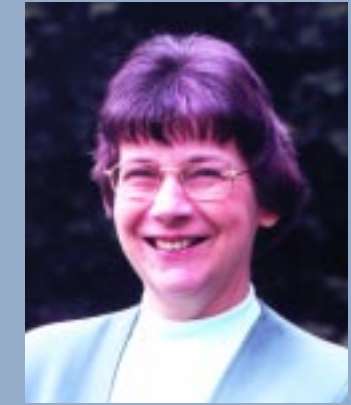
For 2002 the following objectives were set:

- To generate timely and accurate financial management information, using our new SAGE system, on which to base our decisions: **monthly accounts are now prepared though accruals accounting has introduced unanticipated complexity to interpretation**
- To strengthen internal financial control procedures to mirror best practice in the charity sector: **controls have been introduced with a hierarchy of financial approvals**
- To enhance revenue by becoming VAT registered: **work has progressed through the year and registration was finally achieved at year end**
- To promote project management with associated budgeting for appropriate Faculty activities: **all significant projects are now run according to project management principles with a budget**
- To seek sponsorship, wherever practicable, for Faculty projects: **the HAVS project is fully funded and funding is being sought for the Silver Jubilee programme**
- To revise and update the Travel & Subsistence Policy: **revised version agreed by the Board in January 2002**

## Objectives for 2003

- Generate improved management accounting to provide more accurate cash flow data to the Board and Executive Committee
- Extend budgeting principles to major Faculty committees and examinations
- Continue to seek sponsorship for Faculty activities where appropriate
- Tender for and appoint new accountants
- Review investment strategy to ensure long term needs are adequately provided for
- Find a member gullible enough to take on the Treasurer's role

Paul Litchfield



Report  
Judith Secker, Chief Executive

This is the first time that the Faculty Annual Report has contained a report from the Chief Executive. This has been a very interesting and stimulating year for me, personally, as well as a busy but very productive one for all the Faculty staff.

At the start of the year, we were given the collective challenge of reviewing, reorganising and refurbishing the processes, procedures and facilities of the Faculty so that it could be more effective and efficient in performing its role. We were encouraged and supported in these tasks at the beginning of the year by the then President and Registrar, Jim Sykes and Alex Grieve, and for the last six months by Bill Gunnyeon and Olivia Carlton.

The staff took up the challenge enthusiastically. We redesigned the structure of the staff organisation to enable better team-working, referred to later. Having refurbished and redecorated all the office accommodation, most of the staff were relocated so that each team was working in its own office. The provision of a vault, for use as a Faculty archive, provided the opportunity to review and reorganise filing systems, enabling more efficient access to current paperwork.

The Faculty's telecommunication systems had reached the end of their useful and reliable life. This gave us the opportunity to install a completely new and modern digital telephone system. The new call-handling system allows the large number of callers who require information about examinations, training or Continuing Professional Development (CPD), or who wish to purchase any of the Faculty publications, to leave their contact details on a dedicated voicemail system. This not only speeds the process for the caller, but also allows the appropriate member of staff to deal with these requests efficiently and in a timely manner.

As part of the upgrading of our computer systems, towards the end of the year we changed both our Internet Service Provider (ISP) and our web host. It is important that the Faculty has a presence on the internet which provides members and non-members with useful information about the Faculty. The site contains online copies of all Faculty newsletters and information about examinations and training. As the processes and procedures for CPD and revalidation are honed and finalised, the website will provide further support materials and information for the benefit of members. The news pages provide links to events both inside and outside the Faculty; there are also contact details for all staff and Officers, enabling members to email or telephone directly to the appropriate member of staff with any queries.

The new website incorporates the abstracts from dissertations submitted to the Faculty as part of the requirements for the MFOM qualification. In future, as potential Members submit their dissertations they will be asked for an electronic version of the abstract, together with their written agreement that it may be provided on the website. To make this valuable resource as complete as possible, we are currently contacting existing Members (and Fellows) to seek their permission for their abstracts to be included. The abstracts can be searched by date, author or keyword.



At the time of writing, we are in the middle of installing a completely new, partly bespoke, member and contacts database. As well as drawing together all aspects of our current record keeping, this facility will enable us to gather and retain additional useful information which can be analysed to provide a more complete picture of the specialty throughout the country. The website and database, together, will enable improved communication between the Faculty office and the membership. They will, of course, satisfy all the provisions of the Data Protection Act.

The financial records of the Faculty have been fully computerised during 2002, using SAGE software, and the staff are working with the Treasurer, Paul Litchfield, to refine and enhance the policies and processes by which the Faculty plans and controls its expenditure. We expect this to lead to improved and more cost-effective services to members.

During the year there have been a number of staff changes in the Faculty office. At the beginning of the year, the training and education functions, including the administration of examinations and dissertations, were brought together under the leadership of Louise Golds. New staff members were brought into the team to coordinate the examinations (Lynn Staff) and dissertation processes (Jane Davies). Towards the end of the year, a new section was formed under Frances Quinn, as Membership Administration and Professional Support Manager, to progress the new President's vision for the Faculty to provide more communication with and professional underpinning for the membership. Frances and Helen Chaloner, our Accounts Administrator and Webmaster, are responsible also for the crucial financial and legal requirements of the Faculty.

Another vital area where the Faculty will support its membership, in the future, involves CPD and the wider processes of revalidation. Anna McNeil, supports the CPD Director, Keith Palmer, in providing information as well as audit facilities. The last two staff members to be welcomed to the team will strengthen the general level of assistance which can be given to the members, Officers and me. They are Lorne Charles as Administrator/Receptionist and, most recently, Jean Whaley who will be Personal Assistant to the President and Chief Executive.

As we begin 2003, the office team is ready and poised to be the hub and underpinning support for the exciting year ahead. This will include not only the roll-out of the various aspects of the President's vision for the Faculty and its members, but also the various events being planned for celebration of the Faculty's Silver Jubilee year.

Judith Secker



## Report Ewan Macdonald, Representative of Scotland

My term of office as Faculty representative concluded at the end of 2002 after about 9 years and it is with considerable pleasure that I hand over to Chris Pugh.

The Regional Specialty Advisers in Scotland are Chris Pugh and Liz Wright. David Watt is the present Chairman of the Scottish SOM.

It is good to report that Occupational Medicine and occupational health and safety have continued to develop with an expansion in the NHS services as well as a vibrant private sector.

Within the Scottish Executive, focus on workplace health has increased with an overarching strategy for the improvement of the occupational health and safety service to the NHS through a partnership committee, the Occupational Health and Safety Strategy Implementation Group (OHSSIG), which I chair, and an active subgroup tasked with peer audit and benchmarking. Standards have been established and peer review visits of occupational health and safety services by trained multidisciplinary teams, chaired by trade union representatives, will be piloted this year. The aim of these visits will be to improve networking, sharing, issue identification, and quality improvement of all services. The OHSSIG has also invited and funded in the past two years over £750,000 of research bids from within the service on the topics of needlestick injuries, violence and aggression, and stress in order to develop the evidence base for best practice. All NHS employers now have to publish a minimum data set of their health and safety performance annually, which is improving management focus.

An exciting development for those of us interested in the creation of services for all workers is the launch in May 2003 of the "Safe and Healthy Working" service which has been funded by the Scottish Executive and which will provide a free Scottish occupational health and safety advice line, a network of advisers, and limited occupational health nurse and physician referral service targeted at Small and Medium Enterprises. This will be a first in the UK and hopefully the building block for more extensive provision for the 66% of workers currently not covered by Occupational Health Services (OHS).

A further development is the recent Scottish white paper on health improvement which has identified the workplace as a key setting and recommended expansion and integration of existing workplace focussed services. All of this means that we are seeing expansion of the profession, and the need for more training posts and specialists. One Health Board has sponsored 8 general practitioners/hospital doctors for the DOccMed course to expand the knowledge base in that Board area.

Under the chairmanship of David Watt, the Scottish group of the SOM is going from strength to strength, with high quality national and local meetings and CPD/CME activities. The Faculty's planned development of a Scottish Forum is timely and will further raise the profile of our specialty in Scotland at a time of positive change.

Ewan B Macdonald



Report  
Will Davies, Representative of Wales

The National Assembly's objectives for occupational health in Wales are still focussed on increasing public and private sector participation in the Corporate Standard Award. The majority of local authorities and NHS trusts will have completed the assessment process by April 2003 and private sector interest is growing steadily. The Faculty's aim has been to complement the Award, which is weighted towards health promotion activities, by encouraging objectives that will broaden the agenda and achieve a good balance in the development of occupational health in Wales. It is therefore pleasing to report that an initiative addressing the occupational health needs of the primary care sector is underway and the possibility of an appointment for a primary care OH specialist is being considered. Dr Anirude Misir has been representing the Faculty in these matters and his contributions are much appreciated.

Progress with new developments in other areas has been harder to achieve than was originally anticipated in the early days following devolution. Difficulties encountered include limited resources, an absence of infrastructure, the small number of available practitioners and the over-riding priority that must be given to the continuing demands of training. However despite these obstacles there are grounds for optimism on a number of fronts.

After a long campaign to secure central funding and support from NHS trusts, a significant increase in the specialist registrar and consultant complement in occupational medicine is on the horizon. There are now two specialist registrar training posts in the NHS in Wales with the prospect of a third materialising in the near future. At the time of writing, appointments are being sought for a consultant and a senior lecturer within the University of Wales College of Medicine and NHS Trust. Appointments for another two consultants in adjoining trusts are also in the pipeline. The shortage of applicants for specialist posts in the UK is a matter of concern but it is hoped that the academic potential within the University Hospital posts and the good quality of life that Wales offers will prevail.

The Faculty's commitment to establish a Welsh Affairs Forum is a very welcome development. The Forum should improve representation of practitioners' views and interests to the Faculty and Society. It will also help to ensure optimum use of available expertise in the pursuit of agreed objectives.

Finally, in the climate of opportunity that has followed devolution we have recognised the importance of defining clear objectives that practitioners, policy makers and politicians in Wales can all aspire to. At the last Specialty Training Committee meeting it was agreed that a proposal to develop a centre of academic excellence for occupational health in Wales should be taken forward. With the University Hospital appointments referred to above, and a new representative structure for the Faculty in Wales, the committee believes this proposal is a timely and very worthy goal that should attract considerable support.

Will Davies

"We have produced two strategies that will take us forward; an overarching educational strategy that addresses the big picture and an examination strategy that will up-grade and reposition Faculty examinations."

- John Harrison, Academic Dean





Report  
Delia Skan, Representative of  
Northern Ireland

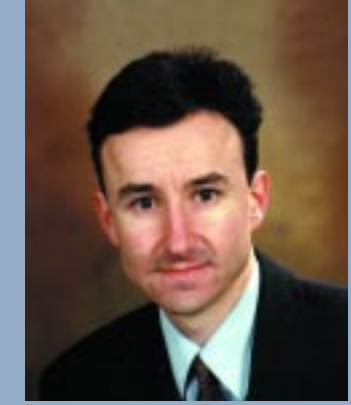
I represent the Faculty in Northern Ireland. The Regional Specialty Advisers are Tony Stevens and William Jenkinson. The Northern Ireland Council on Post-graduate Medical and Dental Education is the host to the regional Specialty Training Committee.

Two key developments in Northern Ireland are likely to impact on the practice of occupational medicine. Firstly the Health and Safety Executive for Northern Ireland has completed its consultation on a workplace health strategy. Entitled 'Working for Health' this identifies occupational health support as one of five programmes for action. The second initiative is the review of Occupational Health Services for the health care sector.

The Society and the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland have hosted a number of excellent educational events which have been well attended.

There are currently five Specialist Registrars (SpRs) of whom two are based in the health care sector. All have now received the new Training Handbook. The revised RITA procedures will shortly be applied to our SpRs.

Delia Skan



Report  
James Mackie, Representative of  
Specialist Registrars

This year has seen several enhancements to the specialist training process including the launch of the revised Training Handbook. A considerable amount of work has gone into the production of this document from a wide variety of sources; including input from Specialist Registrars (SpRs). The Handbook should now have been made available to all SpRs in electronic format and the document is also downloadable from the Faculty website.

The Handbook includes details of more recent changes to specialist training in the UK and also includes a new format for trainees to record details of their training programme. There is a new emphasis on how trainees should aim to demonstrate objectively the acquisition of core competencies as defined in the specialist training syllabus. Although this may appear a somewhat daunting task on initial inspection, it is a process that has been successfully piloted in the West Midlands for the past two years. Those of us who have undertaken specialist training in the West Midlands during this period have generally found this more objective method of completing learning objectives and demonstrating the acquisition of core competencies to be both clear and successful. This type of approach to specialist training is not unique to Occupational Medicine and reflects changes in many of the Medical Royal Colleges and Faculties.

This year saw the publication of dissertation abstracts on the Faculty website. This has proved a valuable resource and is one of the most visited sections of the website. Starting a dissertation is usually the most difficult part of the whole process and reviewing other SpRs work can be most helpful. Bound copies of all dissertations are kept at the Faculty and these can be viewed by any interested trainee – it is likely to be a day well spent. All that is needed is a prior phone call to the Faculty office.

January 2003 also saw the end of an era for the AFOM examination. After much speculation and discussion the clinical component of the examination will take on an OSCE (Objective Structured Clinical Examination) format from June 2003. Feedback will be gladly received!

In last year's annual report I touched on the potential difficulty of professional isolation for some SpRs. I am often approached by other trainees with questions, and I am sure that many would appreciate having a mechanism of being able to get in touch with other trainees. Many tell me that they would like to know more about training issues within the Faculty. With this in mind a network of regional SpR representatives is being established throughout the various deaneries. The aim is to enhance communication between all SpRs and to provide a mechanism of keeping us all informed about training issues. I hope it will be successful. Contact information will be made available on the website in due course.

Having completed my specialist training I will be handing over the role of Specialist Registrar Representative in May 2003. There is a strong need for the views of trainees to be heard and discussed at a Faculty level and I would encourage interested trainees to consider the role.

James Mackie



## Report

### Keith Palmer, Director of CPD

The Faculty received 246 annual Continuing Professional Development (CPD) returns from Members and Fellows in 2002, describing their educational activities over the calendar period January to December 2001. This represents a welcome improvement on the 223 submitted for the year 2000 (an increase of 10%).

Typically, we audit returns on one occasion in the five-year CPD cycle. Altogether, 41 returns were reviewed for 2001 and 18 (44%) of these were confirmed as achieving or exceeding the annual target of 50 hours. For three others a lesser amount of CPD was both claimed and confirmed. But in 20 returns the hours that were claimed could not be substantiated, owing in some cases to problems of record-keeping, and further details are being sought.

The higher rate of returns may be thanks in no small measure to the Board's positive commitment to CPD. In September 2002 Bill Gunnyeon and John Harrison wrote to the membership emphasising the importance of participation in CPD and the need, as revalidation looms, to demonstrate currency of education to the wider world; it seems this message and the publicity surrounding revalidation has had a beneficial effect.

Another positive influence may have been the revised system for recording CPD. A new set of forms and instructions was issued to the membership in February 2002, and I am pleased to say that members have since used the new system and given positive feedback. More activities than ever are being accredited for CPD, in some cases encouraging and promoting useful new avenues of education. It has also proved easier and quicker to conduct this year's audit where forms have been presented in the new style, and so I commend their use. Members who are uncertain of the requirement will find a copy of the guidance and a fresh set of recording forms on our web site ([www.facocmed.ac.uk](http://www.facocmed.ac.uk)) by following the links for CPD.

To improve the incentive to participate in CPD, the Faculty has elected to give more feedback. Those making a return from January 2003 will receive a certificate acknowledging their participation, and this and any record of a satisfactory outcome following audit can be retained for revalidation purposes. In addition, individual feedback is being offered to members who participate in the Faculty's audit - where necessary to help them track down the relevant information or improve their record-keeping for the future.

Finally, the administration of the CPD scheme has been improved markedly this year following the appointment of Anna McNeil as office coordinator for CPD. Anna deserves praise for her able assistance and remarkable efficiency.

These represent good points of progress, but there are also grounds for concern. The proportion of Members and Fellows who participate in CPD and document their activity (48% of all active Members and Fellows) is still small relative to most other medical specialties. This matters because non-compliance will appear strange and unacceptable to outsiders. Most regard the CPD requirement (keeping records to show that about an hour a week is spent in keeping up to date) as a reasonable and straight-forward obligation, and one of the simpler of the strictures we will all have to meet under revalidation.

I suspect, as I have mentioned in previous reports, that compliance is better than the paper returns indicate. Given a broad definition of CPD, many of us exceed the notional target of annual learning time by a big margin. Accounting is not always easy. But proof of meeting the minimum requirement, by careful record-keeping and conscientious participation in a formal externally-audited system, is what the GMC wants. Paradoxically, audit of your CPD activities is a benefit of membership!

The process of CPD is also practically beneficial: it offers the opportunity to learn new skills, to reflect on and to improve practice, and to enrich professional life. By contrast, record-keeping and audit are chores. But they are now inescapable. I urge all members who have not done so formerly to join the Faculty's CPD scheme without delay.

Keith Palmer



"It is important that the Faculty is not inward looking but rather ensures that it plays a key role in influencing issues which impact upon the wellbeing of those at work."

– Bill Gunnyeon, President

## Annex 1 List of Committees Membership and Representatives

### Executive Committee

Surg Cdre J J W Sykes/Dr W J Gunnyeon	President (Chair)
Dr A M Grieve/Dr O H Carlton	Registrar
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer

The Executive Committee oversees the day to day operational, business and financial management of the Faculty. It co-ordinates the work of the Faculty's committees, proposes and recommends to the Board new policy developments and initiatives. Following agreement by the Board the Executive Committee implements decisions relating to services to members, public relations and external communications.

### Silver Jubilee Committee

Dr J G Bell	Chair
Dr R A F Cox	
Dr G A B Cunningham	
Dr W M Dixon	
Dr R V Johnston	
Dr S A Robson	
Dr N Royan	

The Silver Jubilee Committee was formed to plan activities to celebrate the achievements of 25 years, enhance the profile of the Faculty in the business and medical communities and re-inforce the foundations and build for the future of occupational health

### Communications Working Group

Dr U T Ferriday	Assistant Registrar (Chair)
Dr C Payton	Newsletter Editor
Dr C F Amos	
Dr A D Archer	
Dr P R Grime	
Dr M D McKinnon	
Dr D Patel	

The Communications Working Group aims to develop and implement highly effective systems of clear and purposeful internal and external communications for the Faculty.

### Fellowship Committee

Surg Cdre J J W Sykes/Dr C C Harling	Immediate Past-President (Chair)
Dr A M Grieve/Dr O H Carlton	Registrar
Dr N K Cooper	Elected RSA Representative
Professor T C Aw	Fellows appointed by the Board
Dr T M Gibson	
Dr P Baxter/Dr A M Grieve	
Dr P J Nicholson	
Dr K Edgington/Dr F C Page	
Dr G H G McMillan/Dr N R Williams	

The Fellowship Committee considers all Fellowship nominations received by the Faculty and makes recommendations to the Board with a summary of the details of each proposed Fellow. The Committee also makes proposals to the Board for the award of Honorary Fellowships and Honorary Memberships.

### Merit Awards Committee

Professor T C Aw	Chair
Dr W J Gunnyeon	President
Professor P G Blain	
Professor D N M Coggon	
Dr C C Harling	
Dr E B Macdonald	

The NHS Merit Award Committee nominates NHS consultants in occupational medicine for merit awards to the Advisory Committee on Distinction Awards (ACDA) and the Scottish equivalent the SACDA. The committee produces a list of ranked names for recommendation to ACDA and writes citations for nominated candidates.

### Ethics Committee

Dr C C Harling	Chair
Surg Cdre J J W Sykes/Dr W J Gunnyeon	President
Dr A M Grieve/Dr O H Carlton	Registrar
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer
Ms S Cave	Co-opted non-medical member: OH nurse
Mr O Tudor	Co-opted non-medical member: TUC
Mrs G S Howard	Co-opted non-medical member: Legal

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also publishes guidelines on ethics for occupational physicians. It is not the remit of the Committee to consider or report routinely on ethical considerations arising out of individual research projects or protocols proposed by members, which should normally be submitted to District or Regional Ethics Committees or other appropriate committees such as those established by Universities or the Armed Forces.

## List of Committees Membership and Representatives cont

<p>The Revalidation Committee advises the Board and the membership on all matters relating to the forthcoming process of revalidation.</p>	<p><b>Revalidation Committee</b></p>	<p>Chair President Registrar Academic Dean Training Dean CPD Director</p>	<p><b>DOccMed Management Committee</b></p>	<p>Deputy Chief Examiner (Chairman) Chief Examiner</p>	<p>The DOccMed Management Committee devises, sets and reviews the DOccMed examination.</p>
<p>The Academic Committee oversees the education and examination strategy of the Faculty and therefore considers all matters pertaining to the awards of Associateship and Membership of the Faculty. It also reviews the competencies profile for Occupational Physicians, monitors compliance with CPD, runs workshops for trainees and, when necessary, initiates the examination appeals process.</p>	<p><b>Academic Committee</b></p>	<p>Academic Dean (Chair) President Registrar Treasurer Training Dean Chief Examiner CPD Director Internal Assessor</p>	<p><b>DDAM Management Committee</b></p>	<p>Deputy Chief Examiner (Chairman) Chief Examiner</p>	<p>The DDAM Management Committee devises, sets and reviews the DDAM examination.</p>
<p>The Chief Examiners Committee considers all matters relevant to the examination process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners.</p>	<p><b>Chief Examiners Committee</b></p>	<p>Chief Examiner (Chair) President Academic Dean Deputy Chief Examiner AFOM Deputy Chief Examiner DOccMed Deputy Chief Examiner DDAM Deputy Chief Examiner DAVMed</p>	<p><b>DAvMed Management Committee</b></p>	<p>Deputy Chief Examiner (Chairman) Academic Dean Chief Examiner</p>	<p>The DAVMed Management Committee sets the annual DAVMed examination, monitors and audits this examination process and advises on the composition of the examiner panel and their training.</p>
<p>The AFOM Management committee devises, sets and reviews the biannual AFOM examination.</p>	<p><b>AFOM Management Committee</b></p>	<p>Deputy Chief Examiner (Chair) Chief Examiner</p>	<p><b>Peter Taylor Award Committee</b></p>	<p>Academic Dean (Chairman) Internal Assessor SOM representative</p>	<p>The Peter Taylor Award Committee assesses the dissertations submitted for Membership of the Faculty for this award and makes recommendations to the Academic Committee.</p>
<p>The AFOM Management committee devises, sets and reviews the biannual AFOM examination.</p>	<p>Dr P I Raffaelli/Dr M R Dean Dr C E Baron/Dr P I Raffaelli Dr J Anderson Dr M R Dean Dr M Jennings Dr D S D Jones Dr I A McCoubrey Dr S Sadhra Dr P A Siklos Dr J F S Tamin</p>	<p>Deputy Chief Examiner (Chair) Chief Examiner</p>	<p><b>Research Committee</b></p>	<p>Chair Academic Dean</p>	<p>The Research Committee advises the Faculty on the strategic direction of occupational medicine research, taking into consideration nationally agreed research priorities and the need to develop evidence based, cost effective occupational health practice. The committee also advises the BOHRF Management Committee and produces a report for the sponsors of BOHRF summarising the activities of the committee and recommending future research options.</p>
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<p>The Revalidation Committee advises the Board and the membership on all matters relating to the forthcoming process of revalidation.</p>	<p>Surg Cdre J J W Sykes Dr W J Gunnyeon Dr A M Grieve/Dr O H Carlton Dr J Harrison Dr G Parker Dr K T Palmer Dr M G Braithwaite Dr G W Davies Dr A M Grieve Dr N G Morris Dr N L G McElearney Dr D O Todd Mr D Skinner/Mr B Sharpe</p>	<p>SOM Education Panel representative SOM nominee GMC representative</p>	<p><b>DDAM Management Committee</b></p>	<p>Deputy Chief Examiner (Chairman) Chief Examiner</p>	<p>The DDAM Management Committee devises, sets and reviews the DDAM examination.</p>
<p>The Academic Committee oversees the education and examination strategy of the Faculty and therefore considers all matters pertaining to the awards of Associateship and Membership of the Faculty. It also reviews the competencies profile for Occupational Physicians, monitors compliance with CPD, runs workshops for trainees and, when necessary, initiates the examination appeals process.</p>	<p>Dr J Harrison Surg Cdre J J W Sykes/Dr W J Gunnyeon Dr A M Grieve/Dr O H Carlton Dr P Litchfield Dr G Parker Dr C E Baron/Dr P I Raffaelli Dr K T Palmer Dr S Turner</p>	<p>Academic Dean (Chair) President Registrar Treasurer Training Dean Chief Examiner CPD Director Internal Assessor</p>	<p><b>DAvMed Management Committee</b></p>	<p>Deputy Chief Examiner (Chairman) Academic Dean Chief Examiner</p>	<p>The DAVMed Management Committee sets the annual DAVMed examination, monitors and audits this examination process and advises on the composition of the examiner panel and their training.</p>
<p>The Chief Examiners Committee considers all matters relevant to the examination process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners.</p>	<p>Dr C E Baron/Dr P I Raffaelli Surg Cdre J J W Sykes/Dr W J Gunnyeon Dr J Harrison Dr P I Raffaelli/Dr M R Dean Dr S R Boorman Dr T M Gibson Air Cdre A J Batchelor</p>	<p>Chief Examiner (Chair) President Academic Dean Deputy Chief Examiner AFOM Deputy Chief Examiner DOccMed Deputy Chief Examiner DDAM Deputy Chief Examiner DAVMed</p>	<p><b>Peter Taylor Award Committee</b></p>	<p>Academic Dean (Chairman) Internal Assessor SOM representative</p>	<p>The Peter Taylor Award Committee assesses the dissertations submitted for Membership of the Faculty for this award and makes recommendations to the Academic Committee.</p>
<p>The AFOM Management committee devises, sets and reviews the biannual AFOM examination.</p>	<p>Dr P I Raffaelli/Dr M R Dean Dr C E Baron/Dr P I Raffaelli Dr J Anderson Dr M R Dean Dr M Jennings Dr D S D Jones Dr I A McCoubrey Dr S Sadhra Dr P A Siklos Dr J F S Tamin</p>	<p>Deputy Chief Examiner (Chair) Chief Examiner</p>	<p><b>Research Committee</b></p>	<p>Chair Academic Dean</p>	<p>The Research Committee advises the Faculty on the strategic direction of occupational medicine research, taking into consideration nationally agreed research priorities and the need to develop evidence based, cost effective occupational health practice. The committee also advises the BOHRF Management Committee and produces a report for the sponsors of BOHRF summarising the activities of the committee and recommending future research options.</p>



## List of Committees Membership and Representatives cont

The Specialist Training committee advises the Faculty Board on any matter related to higher specialist training in occupational medicine, including the training programme, inspection and approval of training placements and the appointment of educational supervisors. The Specialist Training Committee recommends to the Specialist Training Authority the award of a CCST.

### Specialist Training Committee

Dr G Parker	Training Dean (Chair)
Surg Cdre J J W Sykes/Dr W J Gunnyeon	President
Dr A M Grieve/Dr O H Carlton	Registrar
Dr J Harrison	Academic Dean
Dr N K Cooper	
Dr B Hicks	
Dr K Holland-Elliott	
Dr J G Mackie	
Dr N G Morris	
Dr P J J Ryan	
Dr D I M Skan	

### Regional Specialty Advisers and Deputies

Region	RSA	Deputy
Northern	Dr E M Gillanders	Dr G Helliwell Dr C English
Yorkshire	Dr D C Batman	Dr M J Taylor
Trent	Dr I R Aston	Dr R M Quinlan
East Anglia	Dr P J Baxter	Vacant
NW Thames	Dr M J F Davidson	Dr C F Amos
N E Thames	Dr C T Lamb	Dr D A P D'Auria
S E Thames	Dr D C Snashall	Dr A M Finn
S W Thames	Dr R V Johnston	Dr K Holland-Elliott
Wessex	Dr R G Crane	Dr K T Palmer
Oxford	Dr A E Ross	Dr N J Lewis
South West	Dr R Philipp	Dr G M F Woodroof
West Midlands	Dr S Sheard	Dr A S Robertson
Mersey	Dr S A Robson	Dr D H Wright
North West	Dr F C Page	Dr D Menzies
Wales	Dr H G Rees/Dr G Denman	Dr G Denman/Dr M Tidley
South Scotland	Dr E R Waclawski/Dr C E Pugh	Dr C E Pugh/Dr A G Elder
North Scotland	Dr M E Wright	Dr M M Watt
Northern Ireland	Dr A B Stevens	Dr W R Jenkinson
Navy	Dr C C Harling	Surg Cdr M R Dean Surg Cdre G H G McMillan/ Surg Cdre N E Baldock
Army	Professor J M Harrington	Lt Col N K Cooper/ Lt Col J Owen Col C J Box/Col R Thornton
Air Force	Dr E B Macdonald	Wg Cdr A C Wilcock/ Wg Cdr J Cartwright Air Cdre S R C Dougherty/ Wg Cdr A C Wilcock
Middle East	Dr N Newson-Smith	Vacant
South Africa	Dr S C P M Shearer	Dr M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

### Representatives on other bodies

Academy of Medical Royal Colleges Health and Inequalities Forum	Surg Cdre J J W Sykes/Dr W J Gunnyeon Dr J T Carter
Academy of Royal Colleges and Faculties in Scotland	Dr E B Macdonald
BMA Occupational Health Committee	Dr N F Davies
Civil Aviation Medicine Forum	Dr S T Wang
CoPMED Flexible Training Working Group	President/Dr A M de Bono
DoH Standing Medical Advisory Committee	Surg Cdre J J W Sykes/ Dr W J Gunnyeon
European Union of Medical Specialists	Dr E B Macdonald
HSC Occupational Health Advisory Committee	Dr K T Palmer
HSE Asthma Project Board	Dr P J Nicholson
Intercollegiate Academic Board of Sport and Exercise Medicine	Dr S C Sheard
Joint Consultants Committee	Surg Cdre J J W Sykes/ Dr W J Gunnyeon
<i>Occupational and Environmental Medicine</i> Editorial Board	Dr D C Snashall
OPRA Advisory Committee	Dr J T Carter
Royal College of Physicians Council	Surg Cdre J J W Sykes/ Dr W J Gunnyeon
International Committee	Dr T P Finnegan
Specialist Training Authority of the Medical Royal Colleges Implementation Group	Surg Cdre J J W Sykes/ Dr W J Gunnyeon Dr G Parker

## List of Committees Membership and Representatives cont

### Representatives Reports

#### BMA Occupational Health Committee

The BMA OH Committee meets three times a year and has close links with several other BMA bodies. During the year the Committee's work included:

- encouraging and monitoring the introduction of occupational health services into Primary Care;
- establishing the nature and provision of mental health services available to doctors and medical students;
- pressing for a review of the current system of sickness certification;
- working with the Board of Science in preparation of a paper on screening of health care workers covering HIV and Hepatitis C;
- advocating research into the effectiveness and value of influenza immunisations for health care workers;
- considering surveillance and control measures needed to minimise MRSA infections.

A small team from this Committee also attends the BMA Annual Representative Meeting ensuring that any occupational health resolutions arising can be properly considered.

Neil Davies

#### Asthma Project Board

The Faculty and Society have joint representation on HSE's Asthma Project Board. The main duties include producing strategic ideas to reduce the incidence of occupational asthma by 30% by 2010 and providing oversight on progress made in contribution to Securing Health Together.

A key FOM/SOM contribution is raising awareness and understanding of occupational asthma among health professionals. We aim to support a conference at the Royal Brompton Hospital and BOHRF "Evidence Based Guidelines for the Prevention and Management of Occupational Asthma", reapplying the back pain model, with Tony Newman Taylor as chairman of the Working Group and myself as deputy.

Paul J Nicholson

#### Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM)

The IABSEM was set up under the auspices of the Academy of Royal Colleges. The Board is made up of nominated Representatives from 16 supporting Colleges and Faculties with limited co-opted members. Both the United Kingdom and Ireland are represented.

After pump priming from parent bodies the Board has rationalised different Post-graduate examinations into a single Diploma. Examination diets have been held satisfactorily every six months in the UK and Ireland. Work is now in hand to validate the examination further in preparation for external scrutiny.

The Board has also published advice on Revalidation and Appraisal for those practising SEM who are not members of Colleges or Faculties and who work in relative isolation. There is much discussion with regard to specialist training in SEM and the Board notes with interest the formation of a Faculty of Sports and Exercise Medicine of the Royal Colleges of Physicians and Surgeons of Ireland. Details of the Board members and minutes of meetings are available on the IABSEM website.

Simon Sheard

#### Royal College of Physicians International Committee

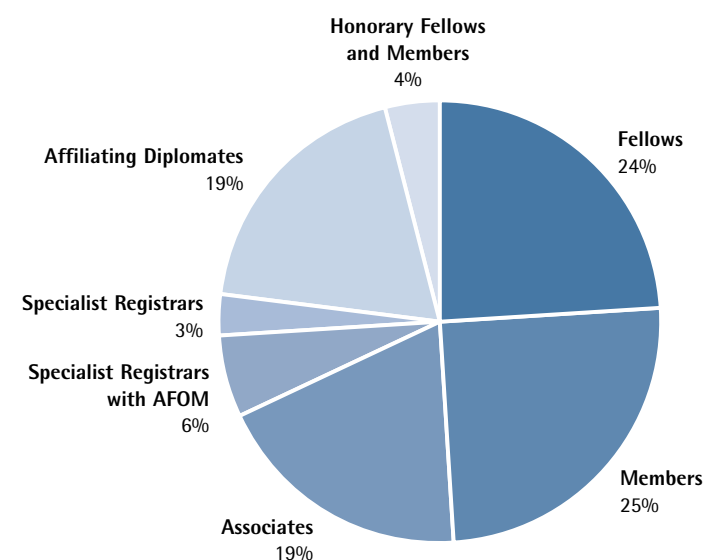
The International Committee was established in 1998. Its role is to advise on the wide range of international matters in which the College has an interest. Most are related to education and training exchanges. The countries mainly involved are those in the European Union and the Commonwealth. The College has identified international affairs as important in its future role.

Two areas of particular relevance to the Faculty are the European OM dimension and international business and academic contacts.

T P Finnegan

### Membership by grade at 31 December 2002

Total subscribing members – 1625



	UK	EU	Overseas	Total
Fellows	352	8	35	395
Members	347	5	48	400
Associates	274	10	26	310
Specialist Registrars with AFOM	96		1	97
Specialist Registrars	42	1		43
Affiliating Diplomates	292	7	8	307
Honorary Fellows and Members	49	7	17	73
<b>Total</b>	<b>1452</b>	<b>38</b>	<b>135</b>	<b>1625</b>



## Annex 2 Award of Fellowship for 2002

A D Archer	<b>Honorary</b>
M Bagshaw	Professor M Aylward
M R Dean	Air Commodore A J Batchelor
U T Ferriday	Professor D M Denison
I S Foulds	
P F G Gannon	
K J Marsden	
A J F Macmillan	
C Morris	
A H Mounstephen	
D Sen	
A C Wilcock	

## Annex 3 Award of Membership for 2002

A S C Allison	M J Harrigan	Winner of the 2002 Peter Taylor Award (for the best dissertation submitted):
A M Anderson	H-C Holland	Dr S M Pattani
B K Assoufi	T Hussain	
C E Beardmore	E Kemp	<b>Honorary</b>
B S Blackburn	J G Mackie	N S M Al-Maskery
S C Blair	D N F Marshall	J Brittain
D A Caughey	S A McKenzie	
P A Collins	S G McVittie	
P J Collins Howgill	A J McGread	
V B Cooney	A R McGregor	
K A Eraneva	L Odiseng	
P A Fletcher	C J R Parker	
S L Forsythe	D Patel	
C R M Foster	S M Pattani	
M R Groom	C P Schenk	
M A Glover	N Sivayoganathan	
M F R Hall	J M Wilford	
R G Hall-Smith		

## Annex 4 Award of Associateship for 2002

January 2002 Examination	June 2002 Examination
M J Charlson	J A Almond
S Dar	B K Assoufi
K G Dawson	J M Doggett
D P Fox	S J Hunt
D H Gillespie	I Matic
M R Hutchinson	N J Noon
E J Hutchison	C R Moen
S L Khan	J K Moore
R N McKechnie	N Nachiappan
A M Murphy	T P Oldham
S B Nimmo	T O Osunsanya
C A M O'Donnell	M J Stanger
H B O'Neill	A R E Warburton
W J C Ponsonby	
A N C Reid	
P R Richards	
S M Ryan	
N H Shaw	
R D S Wylie	

*No of candidates sitting: 29*  
*No of candidates passing: 19*  
*Passing percentage: 66%*

*No of candidates sitting: 20*  
*No of candidates passing: 13*  
*Passing percentage: 65%*

Winner of the 2002 William Taylor Memorial Prize (for the highest overall score):  
Dr S J Hunt

## Annex 5 Award of DOccMed for 2002

### May 2002 Examination

A S Adams	L M Kithulegoda
N Ahmed	M J Laggan
S A Alvi	A Lal
G Balachandran	T H Lee
J S Barhey	R A Lennox
M Bentley	R Mann
K Boodle	S P McAndry
A Broad	T C McGee
Y Chan	P S McGuigan
D G Chapman	J McLaren
R F Cordell	A Nashef
A R Dansie	D Nolan
R Davidson	G N Percival
P A Denny	A Ranu
C Dieppe	P Ridsdill-Smith
T Dyke	D M Robinson
S C Emerson	A E Rowntree
P Fyans	M Roy
D M Gonzalez	C N Sawyer
M Gopinathan	T P Scade
D Hamilton	J A G Schreiber
M Hawkesworth	M A Sloan
S Haydon	P J M Sloan
A C Hereward	J C Sterland
K J Hopkins	P M Sweeney
J C Howard	R A S Taylor
P E Howden	G K Toal
A B D Humphries	S Vohra
A J Hutton	M J H B Waas
A G Jarrett	F Westbrook
J A G Jones	A J Whitfield
M Kennedy	R E W Williams
F Kilby	

*No of candidates sitting: 80*  
*No of candidates passing: 65*  
*Passing percentage: 81%*

### November 2002 Examination

S R Anderson	M Owens
L J Askew	K A Powell
J E Blissett	C I F Russell
B G Boylan	P E Scott
J N Constable	M G Shannon
K J Cryer	D B Simpson
M Daly	N Smallwood
T P M De Bie	R Sutcliffe
A Deacon	J K Thompson
P J Dean-Revington	P D Weiss
J C Desveaux	P A Williams
J E Fursman	
R P S Gent	
A G Gobel	
R J Griffiths	
R H Hampton	
N J Harding	
S A Harris	
D D Hegarty	
S F Howlett	
R G Jones	
R L D Jones	
A Kubba	
S H Lawrenson	
J Lever	
R Lord	
J A Lund	
S J Machale	
A B Mann	
L J McClure	
A M McLaughlin	
E Miller	
A J Newman	

*No of candidates sitting: 52*  
*No of candidates passing: 44*  
*Passing percentage: 85%*

Winners of the 2002 AstraZeneca Prizes (for the highest overall score):

Dr B G Boylan  
 Dr R F Cordell  
 Dr P Fyans

## Annex 6 Award of DDAM for 2002

### Spring 2002 Examination

J B Delfosse  
 I D Lindsay  
 D R Plummer  
 P N Stidolph  
 G Sykes  
 K J Tremaine  
 H R Watts

*No of candidates sitting: 13*  
*No of candidates passing: 7*  
*Passing percentage: 54%*

### Autumn 2002 Examination

J E Biwer  
 S A Fisher  
 M Fowler  
 E L Groves  
 P D Houghton  
 N J B Page  
 M A Pickering  
 J H Reynolds  
 I B Stirling  
 C E Watson  
 G Young

*No of candidates sitting: 25*  
*No of candidates passing: 11*  
*Passing percentage: 44%*

## Annex 7 Award of DAvMed for 2002

F Butt  
 R A Cocks  
 M Davies  
 G Ellis  
 J R Flood  
 W H Gan  
 M T L Garand  
 A Grishin  
 T Jagathesan  
 E Karmiris  
 K-W Lai  
 J M Mutisya  
 S O Nondal  
 P M Pina  
 M Williams

*No of candidates sitting: 17*  
*No of candidates passing: 15*  
*Passing percentage: 88%*

Winner of the 2002 Stewart Memorial Prize  
 (for the best examination performance):  
 K-W Lai

Winner of the 2002 British Airways Harrison  
 Memorial Prize (for being the best student on  
 the DAvMed course whose mother tongue is  
 not English, judged on performance in both  
 course and examination):  
 F Butt



“There is much work to do to transform the Faculty and prepare it for the changing world in which we practise.”

– Bill Gunnyeon, President

## Annex 8 Accounts for the year ended 31 December 2002

### Contents

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## Registered office and advisors

**Registered Office:** Faculty of Occupational Medicine  
6 St Andrew's Place  
Regent's Park  
London  
NW1 4LB

**Bankers:** Lloyds TSB  
190 Great Portland Street  
London  
W1A 4LN

**Halifax International**  
31-33 New Street  
St Helier  
Jersey  
Channel Islands  
JE4 8YW

**Solicitors:** Speechly Bircham  
6 St Andrew's Street  
London  
EC4A 3LX

**Auditors:** PKF  
New Garden House  
78 Hatton Garden  
London  
EC1N 8JA

## Report of the Board of the Faculty

The Board of the Faculty is pleased to present its report for the year ended 31 December 2002.

### Legal and administrative details

The Faculty of Occupational Medicine was set up under Standing Orders adopted on 1 March 1978 and is a registered charity number 1035415.

### Objectives

Its objects are:

- to promote for the public benefit the advancement of education and knowledge in the field of occupational medicine;
- to act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine;
- to develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity.

There are no restrictions in the Standing Orders on the power to invest or concerning the ways in which the Faculty can operate.

### Review of development

The principal policies and developments are set out in the reports of the President, Registrar, Academic Dean, Training Dean, Chief Executive, Board Representatives of Scotland, Wales, Northern Ireland and Specialist Registrars and the CPD Director.

### Financial review and reserves policy

A full financial review is set out in the report of the Treasurer. As explained in that report, the policy of the Board is to accumulate a free reserve equivalent to six months expenditure, building this up over the next five years. This reserve will allow unexpected circumstances to be faced without the risk of financial ruin. The Board has also determined to designate a capital fund which represents amounts equivalent to the value of the investment portfolio and the related accrued income. This capital fund was designated in 2000 and is intended to allow appropriate provision to be made for the cost of accommodation once the rent free period, generously provided by the Royal College of Physicians, expires in 2010. At the year end, the Board considered that it had free reserves of £138,733 and a capital fund currently valued at £209,227. The Board will annually reconsider the adequacy of these levels of reserves in the light of future plans.

### Investment policy

It is the policy of the Board to invest the capital reserve, mentioned above, for capital growth on a medium risk basis. Cash balances in excess of immediate requirements are deposited in higher interest rate accounts.

### Internal controls and risk

The trustees have overall responsibility for ensuring that the charity has appropriate systems of controls, financial and otherwise. They are also responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide reasonable assurance that:

- the charity is operating efficiently and effectively;
- its assets are safeguarded against unauthorised use or disposition;
- proper records are maintained and financial information used within the charity or for publication is reliable;
- the charity complies with relevant laws and regulations.

## Report of the Board of the Faculty cont

The systems of internal control are designed to provide reasonable, but not absolute, assurance against material misstatement or loss. They include:

- a strategic plan and an annual budget approved by the trustees;
- regular consideration by the trustees of financial results, variance from budgets, and non-financial performance indicators;
- delegation of authority and segregation of duties;
- identification and management of risks.

The trustees have, with advice from their auditors, introduced a formal risk management policy to assess business risks and implement risk management strategies. This involved identifying the types of risks the charity faces, prioritising them in terms of potential impact and likelihood of occurrence and identifying means of mitigating the risks. The trustees are pleased to report that provisions are in place to mitigate the risks considered to be potentially the most major. Policies relating to the implementation of the risk management strategies are reviewed annually and procedures are in place to monitor risks on an ongoing basis.

### **Members of the Board**

The Board is elected by the membership in accordance with the Standing Orders; details of members are set out separately.

### **Address and advisors**

The principal address of the Faculty and the principal advisors to the Faculty are set out separately.

### **Auditors**

PKF will be proposed for reappointment at the Annual General Meeting.

Approved by the Board on 9 April 2003 and signed on its behalf by:

**Treasurer:** Dr P Litchfield FRCP FFOM

**President:** Dr W J Gunnyeon FRCP FFOM MRCGP DIH

## Statement of the Board's responsibilities

The Charities Act 1993 requires the Board (as trustees) to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Faculty and of its financial position for that period. In preparing those financial statements, the Board is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Faculty will continue in business.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Faculty and ensure that the financial statements comply with the applicable laws. The Board is also responsible for safeguarding the assets of the Faculty and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board is responsible for ensuring that the Report of the Board of the Faculty (and other information in the annual report) is prepared in accordance with charity law in the United Kingdom.





## Balance sheet

### 31 December 2002

	Note	2002		2001	
		£	£	£	£
<b>Fixed Assets</b>					
Tangible fixed assets	7		<b>21,906</b>		1,507
Investments	8		<b>207,227</b>		<u>270,094</u>
			<b>229,133</b>		271,601
<b>Current Assets</b>					
Stocks	9	<b>5,540</b>		5,289	
Accrued income		<b>33,031</b>		19,691	
Debtors		<b>22,999</b>		6,257	
Prepayments		<b>16,935</b>		5,341	
Cash on deposit		<b>304,304</b>		395,745	
Cash at bank and in hand		<b>1,167</b>		16,980	
			<b>383,976</b>		449,303
<b>Creditors</b>					
Amounts falling due within one year	10	<b>(138,023)</b>		(164,291)	
<b>Net Current Assets</b>			<b>245,953</b>		<u>285,012</u>
<b>Net Assets</b>			<b>475,086</b>		<u>556,613</u>
<b>Represented by:</b>					
<b>Unrestricted funds</b>					
General funds		<b>160,639</b>		170,132	
Designated funds	12	<b>214,242</b>		<u>285,417</u>	
			<b>374,881</b>		455,549
<b>Restricted funds</b>	13		<b>100,205</b>		<u>101,064</u>
<b>Total Funds</b>	14		<b>475,086</b>		<u>556,613</u>

Approved by the Board on 9 April 2003 and signed on its behalf:

**Treasurer:** Dr P Litchfield FRCP FFOM

**President:** Dr W J Gunnyeon FRCP FFOM MRCGP DIH

## Notes to the Financial Statements

### Year ended 31 December 2002

#### 1 Accounting policies

The principal accounting policies applied in the preparation of the financial statements of the Faculty are described below:

##### (a) Accounting convention

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of fixed asset investments at market value, and follow the recommendations in 'Accounting and Reporting by Charities: Statement of Recommended Practice' issued in October 2000 ('SORP 2000').

##### (b) Fixed assets

Individual fixed assets costing £1,000 or more are capitalised at cost.

Depreciation is charged so as to write off the cost of an asset over its expected useful life. Depreciation is calculated on each class of asset as follows:-

Office equipment - 20% - 33.33% straight line  
Fixtures & fittings - 20% straight line

##### (c) Income

Income from subscriptions is accounted for on an accruals basis. Any income relating to future periods is included in deferred income.

Income in respect of grants, appeals and donations is recognised upon a receivable or received basis whichever is the earlier.

Income from examinations is recognised on the date the examination takes place and where received in advance is treated as deferred income.

##### (d) Stock

Stock is stated at the lower of cost and net realisable value.

##### (e) Operating leases

Instalments under operating lease agreements are charged to the Statement of Financial Activities account in the year in which they are incurred.

##### (f) Investments

Investments are included at market value.

Unrealised gains and losses on investments arising in the year are included in the Statement of Financial Activities account at 31 December 2002.

##### (g) Pensions

Contributions are made on behalf of certain employees into the Faculty's Group Personal Pension Plan, which is open to all employees. Amounts are charged to the Statement of Financial Activities as incurred.

##### (h) Funds

Unrestricted general funds are funds which the Board can use at their discretion in accordance with the objects of the Faculty. The Trustees have designated part of this sum as a capital fund, equal to the value of the investments which are to be used to ensure the future of the Faculty.

Restricted funds are funds which must be used for specific purposes in accordance with the donors' wishes.

##### (i) Basis of allocation of costs

Staff costs are allocated based on the amount of time individuals dedicate to carrying out specific functions of the Faculty.

Office costs are allocated 80:20 between support costs and management and administration respectively on the basis of staff time.

All other costs are allocated on a specific basis.

##### (j) Expenditure

Activities in furtherance of the Faculty's objects include costs relating to examinations, memberships and education and training.

Membership support costs comprise overheads identified as an integral part of providing services to the membership.

Management and administration includes specific overhead costs relating to the administration of the Faculty.

## 2 Activities in furtherance of the Charity's objects

	Unrestricted £	Restricted £	Total 2002 £	Total 2001 £
Examination and training costs	51,518	1,472	52,990	41,577
Journal and annual report costs	63,871	10,000	73,871	72,240
Publication costs	306	4,730	5,036	4,793
Meeting costs	37,531	-	37,531	22,560
Lecture costs	755	-	755	1,415
Conference costs	10,335	-	10,335	19,335
Awards and fellowships	-	-	-	55
	<b>164,316</b>	<b>16,202</b>	<b>180,518</b>	<b>161,975</b>

## 3 Membership support costs

	Unrestricted £	Restricted £	Total 2002 £	Total 2001 £
Salaries and office costs	203,906	-	203,906	148,567
Subscriptions	19,558	-	19,558	14,493
Premises costs	22,770	-	22,770	9,963
	<b>246,234</b>	<b>-</b>	<b>246,234</b>	<b>173,023</b>

## 4 Management and administration

	Unrestricted £	Restricted £	Total 2002 £	Total 2001 £
Salaries and office costs	52,272	-	52,272	37,140
Audit	2,500	-	2,500	2,500
Amounts paid to auditors for other services	15,930	-	15,930	23,870
Other legal, professional and accountancy	12,713	-	12,713	33,045
Financial costs	1,782	-	1,782	1,637
Insurance	8,676	-	8,676	6,925
Premises costs	5,693	-	5,693	2,491
Meeting costs	3,145	-	3,145	4,304
	<b>102,711</b>	<b>-</b>	<b>102,711</b>	<b>111,912</b>

## 5 Staff costs

	2002 £	2001 £
Wages and salaries	156,234	97,927
Social security costs	15,211	9,559
Pension costs	7,300	3,546
	<b>178,745</b>	<b>111,032</b>
The average number of employees during the year was:	<b>7</b>	<b>5</b>

No employee earned more than £50,000 during the year.

## 6 Remuneration of Trustees

The Trustees did not receive remuneration during the year for their services.

Fourteen Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £17,178 (2001 13 Trustees - £11,717).

## 7 Tangible fixed assets

	Fixtures and fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2002	7,805	46,334	54,139
Additions	1,568	29,746	31,314
Disposals	-	(45,261)	(45,261)
At 31 December 2002	<b>9,373</b>	<b>30,819</b>	<b>40,192</b>
<b>Depreciation</b>			
At 1 January 2002	7,371	45,261	52,632
Charge for year	642	10,273	10,915
Disposals	-	(45,261)	(45,261)
At 31 December 2002	<b>8,013</b>	<b>10,273</b>	<b>18,286</b>
<b>Net book value</b>			
At 31 December 2002	<b>1,360</b>	<b>20,546</b>	<b>21,906</b>
At 31 December 2001	434	1,073	1,507

## 8 Investments

	2002 £	2001 £
<b>Quoted investments</b>		
At 1 January 2002	270,094	255,727
Additions	8,912	58,300
Unrealised loss on revaluation of investments	(71,779)	(43,933)
At 31 December 2002	207,227	270,094
<b>Historical cost as at 31 December 2002</b>	<b>250,000</b>	<b>250,000</b>

Investments consist of 86,851.2225 units in Schroders Charity Equity Fund

## 9 Stocks

	2002 £	2001 £
Stocks comprise:		
Publications for resale	5,540	5,289

## 10 Creditors

	2002 £	2001 £
<b>Amounts falling due within one year:</b>		
Bank overdraft	3,707	630
Trade creditors	14,350	-
Other creditors	-	3,177
Accruals	45,555	85,907
Deferred income - examination fees received in advance	8,127	15,420
- subscriptions in advance	66,284	59,157
	138,023	164,291

## 11 Deferred Income

	Examination fees £	Subscriptions £	Total £
Balance at 1 January 2002	15,420	59,157	74,577
Amount released to incoming resources	(15,420)	(59,157)	(74,577)
Amount deferred in the year	8,127	66,284	74,411
Balance at 31 December 2002	8,127	66,284	74,411

## 12 Designated funds

	As at 1 January 2002 £	Incoming Resources £	Unrealised losses on investments £	Resources expended £	As at 31 December 2002 £
Capital fund	272,078	8,928	(71,779)	-	209,227
Examiner training	13,339	-	-	(8,324)	5,015
	285,417	8,928	(71,779)	(8,324)	214,242

The Capital Fund was designated in 2000 and represents amounts equivalent to the value of the investment portfolio, and related accrued income. These investments are held to ensure the future of the Faculty.

The Examiner Training Fund was designated to cover the future costs of training examiners.

## 13 Restricted funds

	As at 1 January 2002 £	Incoming Resources £	Interest allocation £	Resources expended £	Transfer to December 2002 £
<b>Good Practice Guidelines Funds</b>					
Esso Publications Fund	16,204	-	648	(3,775)	13,077
UNUM Fund	5,747	-	230	-	5,977
BUPA Fund	4,371	-	175	(955)	3,591
<b>Lecture Funds</b>					
Donald Hunter Lecture	2,452	-	98	-	2,550
Ernestine Henry Lecture	2,291	-	92	-	2,383
Esso Research Fellowship Funds	65,951	-	2,638	-	68,589
William Taylor Memorial Fund	3,349	-	134	(172)	3,311
Shell Fellowship	699	-	28	-	727
Department of Health-Training grant	-	1,300	-	(1,300)	-
Unilever UK	-	10,000	-	(10,000)	-
	101,064	11,300	4,043	(16,202)	100,205

**Esso Publications Fund** provides for the publishing of standards of practice of occupational medicine.

**UNUM Fund** provides resources to fund the production of the 'Return to Work' series.

**BUPA Fund** provides for further work to be carried out by the Faculty of Occupational Medicine and the British Occupational Health Research Foundation on inter-professional evidence based guidelines in occupational health.

**Donald Hunter Lecture** provides funds for the costs incurred in connection with a biennial lecture given in his memory.

**Ernestine Henry Lecture** endows a lecture in memory of Mrs Ernestine Henry to be delivered at least once every three years.

**Esso Research Fellowship Funds** provide an annual sum either to fund a discrete project or to be pooled to fund a major project.

**The William Taylor Memorial Fund** is for a specific award.

**Shell Fellowship** provides for the implementation of training facilities.

**Department of Health Training Grant** provides funding towards the Faculty's costs in supporting Higher Specialist Training in Occupational Medicine in the NHS.

**Unilever UK** provides funds for the printing and distribution costs of the annual report.



**14 Analysis of net assets between funds**

The net assets are held for the various funds as follows:

	Unrestricted		Restricted	Total
	Designated	General		
	£	£	£	£
Tangible fixed assets	-	21,906	-	21,906
Investments	207,227	-	-	207,227
Net current assets	7,015	138,733	100,205	245,953
	<b>214,242</b>	<b>160,639</b>	<b>100,205</b>	<b>475,086</b>

**15 Operating lease commitments**

The Faculty had an annual commitment in respect of operating leases for equipment as follows:

	2002	2001
	£	£
Leases which:		
Expires in less than one year	1,259	-
Expire between 2 and 5 years (office equipment)	2,406	2,481
Expire after 5 years (land and buildings)	2,108	2,108
	<b>5,773</b>	<b>4,589</b>

**16 Connected charity**

The Faculty of Occupational Medicine is an independent registered charity responsible for its own administration and financial management. As a Faculty of the Royal College of Physicians, it enjoys close working and professional ties with the College which generously provides the Faculty with premises, part of which are rent free.