



Faculty of
Occupational
Medicine



Annual Report 2005



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 Board of Trustees

Dr Bill Gunnyeon	President (to May 2005)
Dr David Snashall	President-Elect (to May 2005)/President (from May 2005)
Dr Olivia Carlton	Registrar (to May 2005)*
Professor Kevin Holland-Elliott	Director of Communications (to May 2005)*
Professor John Harrison	Academic Dean (to May 2005)*
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Professor Raymond Agius	Elected member
Dr Lisa Birrell	Elected member
Professor Dame Carol Black	RCP President
Professor Sherwood Burge	RCP Representative
Dr Sally Coomber	Elected member
Dr Martyn Davidson	Elected RSA Representative (to May 2005)
Dr Neil Davies	Elected member
Dr Dennis Ferriday	Co-opted Director of Assessment (to May 2005)*
Dr Geoff Denman	Elected representative for Wales
Dr Peter Graham	Lay representative (nominated by the Confederation of British Industry)
Dr Geoff Helliwell	Elected member
Dr Ray Johnston	Elected member
Dr Alastair Leckie	Elected Representative for Scotland
Dr Jayne Moore	Elected Specialist Registrar Representative
Mr Hugh Robertson	Lay representative (nominated by the Trades Union Congress)
Dr Delia Skan	Co-opted Representative for Northern Ireland
Dr Jacques Tamin	Co-opted Director of Professional Development (to May 2005)*

*with the changes to Standing Orders agreed at the May 2005 AGM these Officers ceased to be members of the Board of Trustees although the individuals named continued in office throughout 2005

Other key appointments

Dr Martyn Davidson	Director of Training (from May 2005)
Dr Charlie Wilcock	Deputy Director of Training (from May 2005)
Dr Simon Sheard	Deputy Treasurer (from October 2005)
Dr Mike Dean/Dr Dil Sen	Chief Examiner AFOM (to/from January 2005)
Dr Steve Boorman	Chief Examiner DOccMed
Dr Mike Gibson/Dr Moira Henderson	Chief Examiner DDAM (to/from October 2005)
Air Cdre Tony Batchelor	Chief Examiner DAvMed
Dr Colin Payton	Newsletter Editor
Dr Rob Thornton	Conference Secretary
Dr Dipti Patel	Press Adviser
Dr Chris Sharp	Sponsorship Co-ordinator
Ms Nicky Wilkins	Chief Executive

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The Annual Meeting, 19 May 2005

The Faculty Trustees and Officers

Standing from left to right:

Raymond Agius, Jayne Moore (Representative of Specialist Registrars), Lisa Birrell, Peter Graham (Lay representative), Alastair Leckie (Representative of Scotland).

Seated in the second row from left to right:

Neil Davies, Ray Johnston, Geoff Helliwell, Geoff Denman (Representative of Wales), Sally Coomber.

Seated in front:

Kevin Holland-Elliott (Director of Communications), Jacques Tamin (Director of Professional Development), John Harrison (Academic Dean), David Snashall (President), Olivia Carlton (Registrar), Paul Litchfield (Treasurer), Martyn Davidson (Director of Training).

Trustees and Officers not present:

Professor Dame Carol Black (RCP President), Sherwood Burge (RCP representative), Dennis Ferriday (Director of Assessment), Hugh Robertson (Lay representative), Delia Skan (Representative of Northern Ireland).



The Government agendas require competent, wise and ethical occupational physicians to deal with the increasingly complex cases which work in the 21st century throws up.

– David Snashall, President



David Snashall
President

I took over the Presidency of the Faculty from Bill Gunnyeon in mid-2005. Immediately the experience was like having jumped on to a fast moving train, and the train hasn't stopped moving ever since. No reason to suppose that the pace of change for the Faculty is any different from that of medicine in general, but my impression is that it is a good deal faster than it used to be. The academic base of our specialty has changed and widened as perhaps befits a post-industrial society where labour is no longer cheap and the emphasis is as much about human performance as about technological development. This has led to a marked increase in the Government's interest in what occupational medicine has to offer with the coming together of the traditional domains of the Health and Safety Executive (HSE) and Department for Work and Pensions (DWP).

For the first time there is a serious dialogue between the DWP and the Department of Health (DH) which is symbolised by the creation of an entirely new post – another in the line of Tsars – the National Director for Occupational Health.

With the changing focus of occupational health has come a change in what society demands of an occupational physician and this is being reflected in changes to our curriculum and examination systems driven by a new engine which is starting to build up steam – the Postgraduate Medical Education and Training Board (PMETB). The Faculty's Officers and staff have had to spend an inordinate amount of time dealing with PMETB. The organisation has

certainly had some teething troubles but is in no doubt of why and how occupational medicine is different from the traditional clinical specialties, yet needs to have the same quality procedures. We have been working very co-operatively with PMETB in this area and are by no means lagging in our progress compared with other Colleges and Faculties.

All this has had a profound effect on occupational health services as well – it would make for an interesting exercise to compare the day-to-day activities of a typical occupational physician in 2005 and 1985. The skills required are quite different nowadays and this has to be reflected in the way we develop.

I started as President only weeks before Nicky Wilkins took over as Chief Executive and so we have both had to learn fast. We have also inherited a rather different Board and Executive structure of recent origin and this has taken time to bed down as people have come to understand their changing roles within the Faculty's workings.

I will leave the details of the many work streams to those Officers whose responsibility it is to take them forward. I would, however, like to mention some more general trends: one is the increasing interest coming from the Government – from DWP, DH and HSE. The agendas they are driving require competent, wise and ethical practitioners to deal with the increasingly complex cases which work in the 21st century throws up. Practical advice can of course be given by a wide range of occupational health professionals but we all know that all too often the responsible decision lies with us and we must see to it that such decisions are made as carefully and professionally as possible. My concern – and it should be yours as well – is that despite the increasing profile of occupational medicine, the numbers entering the specialty remain static. Some of this is due to restrictions on training and some to an improvement in terms and conditions in other branches of medicine, especially general practice from which we have traditionally recruited. It does mean we have to do as much as possible to attract people into the specialty and you as an ambassador for the Faculty can certainly help.

In order for occupational medicine to survive and grow vigorously, the Faculty needs to expand and to concentrate its

resources so that the Government and employers know that it is here, in the Faculty, where the power and expertise in occupational medicine lie. To this end I have made formal approaches to the Society of Occupational Medicine with a view to much greater working together and coherence of purpose. The world of medicine has probably suffered from too much super-specialisation and power in numbers inevitably diminishes in such circumstances. Occupational medicine, like general practice, is a "holistic" specialty and we need to come together more rather than bud off and become isolated.

Various work streams which have been on the go for some time came to fruition this year. Particularly the publication of the *The Health and Work Handbook*, the launch of which was celebrated by an excellent conference in December and *Creating a Healthy Workplace* which I launched along with the President of the Faculty of Public Health in Derby in January 2006.

The Faculty put in some particularly telling evidence to the House of Commons Health Committee's consultation exercise on work and smoking. I think we were well pleased when this saga reached its inevitable conclusion of a complete smoking ban in the workplace; this will probably be one of the most important measures to protect workers' health that we will see in our professional lives. Other work streams continue and we will soon see the publication of the *Guidance on Alcohol and Drug Misuse in the Workplace*, the 6th edition of the Faculty's *Guidance on Ethics for Occupational Physicians*, and the 4th edition of the seminal *Fitness for Work*. These documents are awaited with great interest not just by us, but by other organisations who now regard them as authoritative.

I have tried to cement even more firmly our relationship with the Royal College of Physicians whose wealth of strengths and services we have been very grateful to use from time to time, and the Academy of Medical Royal Colleges. The Faculty is a full member of the Academy and there is a surprising number of issues in the wider world of medicine to which we can contribute. I have also had very fruitful talks with the Irish Faculty on the subject of mutual recognition of experience and qualifications.

We are a relatively small specialty and a small Faculty, tackling a significant programme of work. The Faculty is hugely indebted to its many volunteers, on committees and in working groups, for their impressive commitment and considerable expertise. These people are the powerhouse of the organisation and their work is absolutely vital in helping the Faculty to take occupational medicine successfully into the future. I would like to thank them personally for their invaluable contributions and would also like to record my thanks to my dedicated colleagues on the Board and the Executive Committee and in the Faculty office for their hard work and support during 2005.

2006 will be a year which will demand a great deal of the Faculty. I know that those on whom the Faculty depends will continue their excellent work, and I am delighted to say that new members are coming forward all the time, wanting to be more involved. My thanks to all and I look forward to working with you in 2006.

David Snashall



John Harrison
Academic Dean

The training and assessment review has dominated the academic business of the Faculty, this year. This is such a wide ranging review that virtually no aspect of activity has escaped. The main focus has been specialist training, although we have been mindful of the need to keep non-specialist training in our sights. A stated objective of the Faculty is "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." We know that many people of working age have no access to specialists in occupational medicine and they have to rely on their general practitioners for advice about fitness for work and about work-related illness.

As the world of occupational health practice and medical education changes, it is vital that our training programmes reflect the changes. We want to attract high calibre doctors who will become the movers and shakers of the specialty and who will be equipped to meet the demands of occupational health practice in the 21st century. We have had help from a number of working groups each looking at an aspect of training or assessment. The work has been challenging, not least because it has been carried out on top of the duties of the "day job". There has been considerable uncertainty about aspects of the review, particularly its context in relation to a general shake-up in medical education stimulated by the Postgraduate Medical Education and Training Board, or PMETB, as it has become known. PMETB has been the subject of previous reports, but I cannot overemphasise the power and influence this body has, currently, on most aspects of our training. I would like to thank the chairs of the respective working groups not only for the work they have done, but also for taking on the responsibility for leading the groups. In no particular order my thanks go to Raymond Agius and Martyn Davidson, Anne Finn, Gordon Parker, Chris Roythorne and Philip Raffaelli. We have had to grapple with competencies of occupational physicians and learning outcomes from training, the content of training, the assessment of training and the management and supervision of training. We have had to imagine what the training world might look like in 2007, with specialist training being designated to begin immediately after Foundation Years' training. We have had one eye on what we want for our training and the other on what the other Colleges and Faculties have been doing. Add to the mix preparing for Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and transitional arrangements for training and you can see that, for a small Faculty such as ours, 2005 has been challenging.

We have had to take a pragmatic approach to progress the changes, accepting that seeking perfection was likely to be the enemy of achieving good working arrangements within the timeframe imposed upon us. Phase 1 of the review was reported to the Board in July and phase 2 is now under way using a project management approach. Our focus now is to have the new training arrangements ready for August 2007. This is when the first cohort of doctors will emerge from Foundation Years' training and, theoretically, could apply for Specialist Registrar posts in occupational medicine. We think that this is unlikely to happen, as doctors choosing occupational medicine tend to be older and more mature. We are working hard to finalise the transitional arrangements for trainees who begin training in 2006 and during the first half of 2007. We have placed early guidance about this on the Faculty website and will update this at regular intervals. Some developments will take longer to achieve and so there will be work in progress for some years to come. We will need to continue to refine the competencies expected of our specialist trainees, taking into account customers', as well as professionals', views. We will develop the modular approach to training, both specialist and non-specialist and will look to facilitate the passage from non-specialist training to specialist training by giving credit to training that has taken place prior to starting specialist training. We will also begin to explore how we can extend modular training to other non-medical disciplines. By the time this report goes to print, we hope that we will have reached a point when we can unveil the work that has been going on behind the scenes. This will not be a *fait accompli*. We will have a consultation period and we hope that many members and others will participate.

Finally, welcome to Dil Sen, who joined the Chief Examiner team with responsibility for the AFOM examination, succeeding Mike Dean who demitted office in January. Once again, I would like to thank Mike for all his hard work with this examination. Similarly, thanks go to Mike Gibson for his sterling efforts with the Diploma in Disability Assessment Medicine. Mike has now handed over to Moira Henderson who has become the new Chief Examiner (DDAM). The other members of the chief examiner team are Tony Batchelor (DAvMed), Steve Boorman (DOccMed), Adele Pilkington (Internal Assessor for dissertations) and John

Cartwright (Quality Management). I would like to thank them for their continuing endeavours at a time when the day job is increasingly demanding and also to thank Jane Davies in the Education and Training team who has administered the work on changes throughout 2005. Last, but not least, thank you to the Academic Directors – Dennis Ferriday, Martyn Davidson and Jacques Tamin – for their drive and enthusiasm in taking forward the academic agenda.

John Harrison



Dennis Ferriday
Director of Assessment

It has been another busy year for all those involved in assessment and examination development. We continue to move down what seems to be the long, dark tunnel of meeting the requirements of the Postgraduate Medical Education and Training Board (PMETB), but at least now there is a glimmer of light at the end. A tremendous amount of work has been undertaken during 2005 to move the examination redevelopment project forward and I am indebted to my Chief Examiners, Tony Batchelor, Steve Boorman, John Cartwright, Adele Pilkington, Moira Henderson and Dil Sen. The chief examiners, together with their advisory groups, have worked hard not only to deliver the current examinations but also to support the examination redevelopment project. I believe we now have a much clearer idea of where we are going and the task ahead of us. We just need to do the work!

The principal task over the year has been to identify the examination methods that we

can use with some degree of certainty to confirm that Specialist Registrars (SpRs) have gained specific competencies. This requirement to match valid examination techniques against the desired competencies will in future underpin all of our examinations. David Brown, together with his workgroup, was asked to undertake this work and they have made tremendous progress during the year. There is still a long way to go, but I am now confident that the new Faculty examinations will do exactly “what it says on the tin” and confirm individual doctors’ competence to practise.

John Harrison, Martyn Davidson and I have also worked very closely with David Brown’s group and the Chief Examiners to ensure that the new examination system will be compatible with the changes in higher specialist training that are also being developed. We are shortly to embark on a consultation process about the timing for the introduction of the new and revised examinations and the winding down of some existing examinations. We are also beginning to define how best to undertake in-work assessments for individual SpRs. This is a new assessment method for the Faculty and implementation is not without its challenges, but we are slowly beginning to address the implementation issues and develop the examination methods that will be a major element of our assessment in the future.

We have also made significant progress during the year on defining the commitment examiners will have to make to examining in the future and also in developing a formal selection process for new examiners. John Cartwright is also working hard on developing a performance appraisal system for examiners and is launching a revised examiner training system in 2006. We see continuous training of examiners as a key element of maintaining acceptable performance in our examinations and John, whilst maintaining and improving the current training arrangements, also intends to develop specific training and coaching for examiners during the examinations.

Nicky Wilkins and Charlotte Pedersen, together with the Chief Examiners, have worked hard during the year to start to formalise the delivery of examinations by the development of written processes. This will add significantly to our capability to deliver examinations of sufficient quality

in the future. We have also started to review our current data set concerning examinations. It is our intention to improve the quality of the data set such that we can use the data to monitor both the quality of examination delivery in the future as well as to eliminate bias that could affect examination performance by candidates.

The Academy of Medical Royal Colleges is co-ordinating collaboration between individual Colleges and Faculties in examination development and we are currently contributing to this. One area of particular interest is that of examination cheating. We are taking this particularly seriously and are reviewing our current methods for detecting and dealing with examination cheats. Cheating in medical examinations is increasing and it is essential that we have robust methods of detection and are clear on the actions that we will take if cheating is proven.

Finally I would like to give my sincere thanks to Charlotte Pedersen. She carries the major burden of delivering the examinations and I am particularly appreciative of the hard work and intellect that she has applied to this task during 2005. Whatever you do Charlotte, please don’t leave.

In summation, 2005 has been hard work for all those involved in the development and delivery of Faculty examinations. I think 2006 will be just as hard. We have made significant progress, although there is a long way to go, but as my boss always says “team work is a lot of people doing what I say”. If only it were thus!!

Dennis Ferriday



Martyn Davidson
Director of Training

In May 2005 I was fortunate to take over a well run ship from my predecessor, Gordon Parker. The role was at that stage split into two, with Charlie Wilcock appointed as my deputy, in recognition of the increasing complexity and pace of change due to the pending transfer of responsibilities from the Specialist Training Authority to the Postgraduate Medical Education and Training Board (PMETB). Louise Heyes, Head of Education and Training, went on maternity leave in July and since then Jean Whaley has very capably taken over as Acting Head of Education and Training.

Aims

During 2005 we aimed to continue to support the training process, Specialist Registrars (SpRs), educational supervisors and Regional Specialty Advisers (RSAs), and in addition:

- monitor the progress of the PMETB and respond to any changes that it introduced;
- set up procedures to manage Article 14 applications;
- improve our support for RSAs;
- develop a database to enable improved reporting and monitoring of our training posts and trainees.

PMETB

From the inception of the PMETB it was apparent that it would change the training process and the training machinery, and the Faculty would be obliged to meet its requirements. We needed to track PMETB output, assess the impact of proposed changes upon the Faculty and, wherever possible, help shape the agenda by dialogue with them. To that end we attempted, and largely succeeded, in

ensuring Faculty representation at PMETB consultative meetings; Nicky Wilkins played a large part in this also and I very much appreciate her input.

The PMETB finally assumed its statutory powers on 30 September 2005, after considerable delay and some lack of clarity over new procedures. An important change that arose during the year has been the process of training post approval. Visits had to be undertaken in accordance with PMETB procedures, involving standardised proforma, lay representation and a specified timeframe. Several visits were completed by this method after 30 September, which were successful if somewhat cumbersome. Currently we are negotiating simpler arrangements with the PMETB.

Article 14

Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003, the enabling statute, creates a route for entry onto the General Medical Council's Specialist Register for doctors who have not undertaken an approved training programme. Such applicants are required to demonstrate competence equivalent to that of a specialist, which has been gained through a combination of training, qualifications and experience. Although the PMETB is responsible for the decision as to whether an applicant may be entered onto the Specialist Register, the Faculty has a role in evaluating such applications for occupational medicine and advising the PMETB accordingly. The process involves the submission of evidence to the PMETB in the format laid down on its website. Once the PMETB judges the application to be complete, it is passed to the Faculty for evaluation. This activity must be completed within a specified timeframe and in accordance with the statute; if the applicant is felt not to have demonstrated competence to the specialist level, the Faculty must advise on the steps necessary to gain such competence.

During the first part of the year we attended several meetings with the PMETB to follow progress in the area and also monitor how other Colleges and Faculties planned to deal with this workload. There are also financial implications for the Faculty; this activity will form part of a service level agreement between the Faculty and the PMETB. Once again Nicky

Wilkins has been heavily involved in this element. Late in the process, the PMETB generated a requirement for the Faculty to produce Specialty Specific Guidance (SSG) for applicants which would, after PMETB approval, be accessed from its website. We were pleased to meet the deadline for this piece of work which was derived from *Good Medical Practice for Occupational Physicians*, whilst recognising that it would benefit from further refining.

An Advisory Group has been established for the purpose of evaluating Article 14 applications, under the chairmanship initially of Nick Cooper, who brought valuable experience of judging overseas specialists for equivalence. This group met on two occasions to prepare for its task, since it will be required to judge each application and make recommendations within a seven week timeframe. At the time of writing we have been notified that one occupational medicine application under Article 14 has been received by the PMETB. Thus far this has not been passed to the Faculty.

Regional Specialty Advisers

Charlie Wilcock has organised meetings for the RSAs and their Deputies, updating them on the Faculty responses to the PMETB. We are delighted that we can look forward to a full complement of RSAs and Deputies in all the regions in 2006, the first time this will have been achieved for some time. As the first point of contact for trainees and potential trainees, they serve a vital role for the Faculty and their time, energy and expertise are much appreciated. Similarly the Specialist Training Sub-Committee ensured that changes were discussed with Ian Hastie, the Lead Dean for occupational medicine; this sub-committee will also be undertaking an update of the Specialist Training Handbook to incorporate the new arrangements, under the stewardship of Neville Morris.

Members of the training team have also taken part in the Faculty's response to Modernising Medical Careers (MMC), which will produce its first Foundation Year 2 (F2) doctors in 2007. The Academic Dean is leading our preparations for changes in training to accommodate MMC, including updating our training curriculum and competencies.

Training post database

We had recognised that our method of keeping information on training posts was

limiting our ability to manage the approval process, and therefore Jean Whaley has been undertaking the building of an improved database. This work should be completed in the first half of 2006.

At year end we had 60 SpRs in NHS training posts and 90 SpRs in non NHS training posts. The total at 150 is somewhat down from 2004 (163). We are aware that a number of trainees completed their training during the year, and that new SpRs have been recruited into those posts, but are not yet registered with the Faculty.

Plans for 2006

These include:

- refining the Specialty Specific Guidance for Article 14 applicants;
- managing Article 14 applications and monitoring the processes used by other Colleges and Faculties;
- developing a post approval process that is efficient, quality assured and acceptable to the PMETB;
- ensuring that changes to the workplace-based assessment process, which will impact upon Records of In-Training Assessments (RITAs), are successfully introduced;
- updating the Specialist Training Handbook.

Martyn Davidson



Jacques Tamin
Director of Professional
Development

- **The planned implementation by the General Medical Council (GMC) of licensing and revalidation for registered medical practitioners, planned to start in April 2005, has been delayed by the GMC. However, it is very likely that compliance with Continuing Professional Development**

(CPD) will remain an important feature of the assessment for revalidation.

- **The number of CPD returns for 2004 continued on the upward trend from previous years. The majority of those audited demonstrated that they had a good understanding of the scheme.**
- **There will be some changes to the scheme starting in 2006, and further changes are planned, with the aim of making the scheme increasingly "user friendly" in future.**

The Dame Janet Smith report, following the last Shipman Inquiry, delayed the start of the GMC's Revalidation and Licensing process, which had been due to start in April 2005. The GMC is now awaiting the Chief Medical Officer's review (the Donaldson review) before announcing the definitive arrangements. However, it is clear that the GMC considers that participation in CPD schemes provided by Academy (of Medical Royal Colleges) members will remain an important component of the revalidation process.

The Faculty's Professional Development Sub-Committee (which replaced the Revalidation Committee) will start meeting once the GMC makes it clear what the definitive revalidation arrangements will be, in order to provide further guidance to our members. The GMC has completed its consultation on the 2nd edition of *Good Medical Practice*, and this edition is now awaited. The Faculty's *Good Medical Practice for Occupational Physicians* will also be revised to reflect any changes in the GMC's publication, as well as reflecting the standards expected of occupational physicians in the wider scope of their practice.

The long term aim is to promote a climate in which high quality CPD is accepted as a professional obligation and valued and undertaken by all, as stated in last year's annual report. One measurable objective is to see a greater participation by our members in the CPD scheme every year and we are making good progress. In 2004, there were 368 CPD returns, compared with 340 in 2003 and 292 in 2002. However, this still means that we have only 60% participation (of specialists), and the aim should be for 100%. Fifty members participated in the audit, of whom 78% were confirmed as having 50 CPD points or over, and 22% were below 50. The third year of this audit reveals improvement over that period in the audit submissions. This audit has had a large educational role in previous years, and I am now confident that the

majority who are participating understand what documentation to keep, and what to record. This scheme is one of the benefits of membership, and I would encourage all our members to participate in this.

The main change to the scheme is that, as from 2006, the deadline for submission of annual returns will be 31 March instead of 31 January. This should make it easier for members not to miss the deadline, although those who do will now incur an administrative charge. I would remind all members that it is only forms CPD 1 and 6 that are required at that stage. Only those selected for audit will have to provide all the supporting evidence for that year, at a later date. Although CPD 6 is expected to be signed by the appraiser, confirming the CPD points claimed, and the Professional Development Plan for the following year, this section can be left blank if appraisal has not taken place by March. The current arrangement is that CPD 6 is to be sent in by 31 March anyway, and a certificate confirming the submission is issued. When appraisal has taken place, then the CPD 6 signed by the appraiser should be forwarded to the CPD administrator, and a new certificate reflecting this will be sent. It is our aim to continue to make changes that will make it simpler and more enjoyable to participate in the scheme. For example, we will be exploring ways in which CPD submissions could be submitted electronically. I would hope for this to be possible in 2007.

I should like to take this opportunity to thank Anna McNeil for her excellent administrative support to CPD over a number of years and to welcome Graham Whittall who took over from Anna in August.

Although the CPD schemes still require a minimum average of 50 points a year, or 250 over 5 years, the emphasis from the GMC is now more on quality rather than quantity. There are discussions at the Directors of CPD meetings as to how outcomes, such as behaviour changes, could be documented. One of the ways is by reflecting on any new learning, and giving some thought on how that might alter our practice, and recording this. I therefore would encourage you to record this whenever you can, especially for internal CPD. After all, the whole point of CPD is to improve our professional practice, for the benefit of our clients, and the communities that we serve.

Jacques Tamin



Olivia Carlton
Registrar

This year started with the need to appoint a new Chief Executive following the resignation of Judith Secker in December 2004. I led this process and the selection panel comprised one of the Faculty's lay Board members, Peter Graham, our President-Elect, David Snashall, and myself. We had excellent candidates and were delighted to appoint Nicky Wilkins, who has a public health background and previous chief executive experience.

Wilf Howe, a former Fellow and elected Board member, died in 2003 and his wife Lyn has worked assiduously to raise funds for an ongoing memorial to be managed through the Faculty. The first memorial activity was the Wilf Howe Memorial Lecture, given at our 2005 Annual Meeting by Professor Jon Ayres on "Air quality, life quality", a wide-ranging and thought-provoking subject. In future years a Wilf Howe memorial prize will be awarded for examples of innovative practice in occupational health demonstrating measurable health benefits.

The Faculty also awards the Mobbs Travelling Fellowships, which were established during our Silver Jubilee Year through the generosity of Corporate Health and Sir Nigel Mobbs, who sadly died in October. In 2005 the Fellowships were awarded to Geraldine Martell and Jacques Tamin.

Dr Martell will be presenting the findings of her study trip to Hong Kong hospitals affected by the 2003 SARS outbreak at the annual meeting in May 2006.

The changes made to the procedure for applying for Faculty Fellowship in the previous year were consolidated this year by

clarification of the criteria for Fellowship. This work was led by the new Fellowship Committee Chairman, Bill Gunnyeon, with my support. The importance of Members and Fellows taking part in the Faculty's Continuing Professional Development (CPD) scheme is highlighted by the fact that the Fellowship Committee now cannot consider applications for award of Fellowship unless the candidate, the proposer and the seconder have all been issued with certificates of participation in the Faculty's CPD scheme for at least the most recent year.

The new governance arrangements for the Faculty, developed in previous years, were formally introduced in May 2005. The Registrar having previously been an elected office is now appointed by the Board. Having formerly been elected as Registrar until the AGM in May 2005, I applied to continue in this office and was appointed to it by the Board in July. The Registrar now chairs the Executive Committee and this is my monthly challenge! The work of the Committee is described in other reports; suffice to say that Postgraduate Medical Education and Training Board (PMETB) has dominated the agenda.

Bill Gunnyeon's term as President was completed in May 2005 and David Snashall's term commenced. This transition was achieved smoothly. Bill's appointment as Chief Medical Adviser to the Department for Work and Pensions (DWP) has ensured that his influence in the practice of occupational medicine and occupational health is now felt at a Government strategic level. The Faculty is working closely with DWP alongside other medical Colleges and Faculties to contribute to the government agenda for people of working age.

A table showing changes in the total number of members over the last five years appears on page 28.

I would like to thank the Faculty staff who have worked very hard throughout a demanding year and particularly thank those with whom I work closely, namely Nicky Wilkins, Frances Quinn and Anna McNeil.

Olivia Carlton



Kevin Holland-Elliott
Director of Communications

You will see from the reports of the President and other Officers that this has been a very busy year. The President, other Officers and Faculty members have put the Faculty message across to Government, professional committees and key opinion formers, including the Postgraduate Medical Education and Training Board, all year. The communications team (Cathy Amos, Dale Archer, Paul Grime, Mike McKinnon, Dipti Patel, Colin Payton, Robin Philipp and Rob Thornton) has also continued to progress the function. Consultation papers, conferences and the development of the Chief Executive's e-newsletters are more tangible examples, but other developments may not yet be apparent. The hard work that went into producing position papers and responses to many other consultation documents appears to have been influential. The Faculty position on smoking in the workplace, for example, seems to have been adopted by many MPs. I take this opportunity to acknowledge and thank all those who contributed to these papers and consultations on behalf of the Faculty.

Two priorities agreed in 2005 were to develop working links with other key organisations and to develop the website in order to disseminate information to external viewers and improve the service to members. We managed to attract an unprecedented volume of web traffic in 2005. This was achieved by improving the website and establishing web links with other related sites including professional bodies such as the Institute of Electrical Engineers, which has over 150,000 members, many of whom might potentially have occupational health issues. Plans are advanced to establish similar links with the

other Institutes of Engineering and other related sites. We have separated the members' area, and the website generally has been under continual development within the available resource limits. I particularly thank Helen Chaloner and Nicky Wilkins for their efforts. We remain committed to developing the site further in 2006, not only for the benefit of members, but to inform the public, employees and employers about occupational health issues. We will be looking in 2006 for appropriate material to place on the website, to inform members of the public, to signpost to further sources of information and thereby to further our charitable goals.

To establish improved working links, on behalf of the Faculty I met in February 2005 with the communications team at the Health and Safety Executive and with other professionals within POOSH (Professional Organisations in Occupational Safety and Health). As a result of these improved links, we are regularly informed of developments elsewhere and I was invited to present at the launch of the Government's joint initiative between the Departments of Health and for Work and Pensions, at the TUC headquarters in December 2005. In that speech I was able to refer to two key statements developed by the Board at their away day in October 2005.

"The Faculty is the authoritative body in occupational medicine in the UK".

and

"Every worker should have access to a competent occupational physician".

We aim to promulgate these and other key messages further and they have already been included in speeches and other material since. As the President states, there is great interest in occupational health but this has not been translated yet into posts within our profession. We have no inherent right to practise and need to ensure that our contribution to the health of the nation, and the workforce in particular, is recognised, understood and valued. Nobody else will do this for us. We should not underestimate the scale of the challenge or the need to provide a clear and cohesive message wherever possible if we are to achieve our charitable aims.

Kevin Holland-Elliott



Nicky Wilkins
Chief Executive

2005 has been my first year with the Faculty of Occupational Medicine. It has been a year of enormous change and development. It has been a year in which the Government made health and work one of its top policy priorities, with the ongoing implementation of the *Work and Health* section of the White Paper, *Choosing Health*, and the publication of the Government strategy document *Health, Work and Wellbeing*. The Faculty has a key role to play here and the President, David Snashall, has been liaising with Ministers on both these strategies.

The entire programme of postgraduate medical education and training is being overhauled as a result of the establishment of the Postgraduate Medical Education and Training Board (PMETB) and, since this is our main area of responsibility, these changes have far reaching implications for the Faculty. We have a number of appointed Officers who lead on education and training. They take on these responsibilities in addition to their day jobs, and both they, and our small staff team, have found their time very fully taken up by the need to develop all the new systems whilst also keeping the current training programme running smoothly.

Within the Faculty itself, too, there have been significant innovations. The Annual General Meeting in May 2005 approved constitutional changes which separated the charity's governance and management functions. There have been a number of working groups and some new honorary appointments established – in addition to the installation of a new President and a new Chief Executive.

Head of Education and Training, Louise Heyes, went on maternity leave in the summer and has happily become the mother of Emilie. Jean Whaley stepped in to cover the job and I am grateful to her and her colleagues, Jane Davies and Charlotte Pedersen, for not only keeping the show on the road but also absorbing and progressing the many innovations. We were fortunate to appoint Anna McNeil to cover Jean Whaley's post as PA and Office Manager, and Graham Whittal, who took on the newly created post of Finance and Membership Administrator. Helen Chaloner ceased her work on the finance side but we are pleased that she retains her role as webmaster. Frances Quinn, with her invaluable knowledge and experience of the Faculty, has continued in her vital role co-ordinating many of the Faculty's key functions, including finance, membership and the Board.

Having come from a public health background to the Faculty, I hope I have been able to import some useful relevant experience, but I have also enjoyed learning about what is for me a new field of occupational health and medicine. It is not difficult to become engaged with the imperatives of protecting workers' health, and with the complex and fascinating interrelation between work and health. I have been grateful to the staff for assisting greatly with my induction, and to my predecessor, Judith Secker, for leaving things in excellent order. I am very appreciative of the support of the Board and Executive Committee, and of many Faculty members, during my early months. My initiation has also benefited hugely from collaborative work with the other medical Colleges and Faculties, and with our sister organisation, the Society of Occupational Medicine.

Occupational medicine clearly has a central role to play in the lives of the working population, over the next few years, and I am delighted to be able to support the Faculty's contribution to that. I look forward to an energetic and innovative 2006.

Nicky Wilkins



Paul Litchfield
Treasurer

Overview

2005 has been a year characterised by change for the Faculty both in terms of the external landscape and internal organisation. Medical postgraduate training is experiencing the most fundamental shake-up in a generation and the creation of the Postgraduate Medical Education and Training Board (PMETB) represents a significant change in governance. The public interest in medical standards and doctors' fitness to practise remains undiminished and the Government has indicated that the health of the working age population is a priority in both its public health white paper and its welfare reform green paper. Internally the changes to the Faculty's governance structure have been implemented to create a clearer separation of powers between the Trustees and the Executive. The change in President has given a different leadership perspective and changes in personnel among the Faculty staff, notably the appointment of a new Chief Executive, have brought new thinking to the way we manage our business.

Change is an opportunity but it can also be disruptive and the greater the change the greater the potential for both benefits and mistakes. Change also invariably has financial consequences. The transfer of responsibilities to PMETB has significant financial implications for the Medical Royal Colleges and their Faculties and negotiations have not been easy. The Faculty has been particularly robust in challenging proposals for one-sided agreements, arbitrary levels of charges and some of the fundamental planning assumptions made by PMETB. Some success has been achieved but continuing vigilance

will be required and it will be important that we harness the commercial talents of our members, which are unique in the medical community, to help safeguard the future of specialist training and the interests of those being trained. The changing requirements of occupational health mandate a different approach to training and elsewhere in this report the Academic Dean has described the plans for transition to a modular structure. Developing such a system is resource intensive and cannot be sustained using the Faculty's current business model. A different partnership approach is required but it is vital that both the Faculty and potential partners understand and are comfortable with the associated commercial arrangements. During the year the HAVS (Hand Arm Vibration Syndrome) training module has been launched and has been a valuable learning experience for all concerned with doing business in this new way. The Board has recognised that in order to thrive (or perhaps even survive) beyond the current decade we must develop a more powerful financial engine to support the activities which will be required. A working group chaired by the Treasurer was therefore set up to conduct a fundamental business review. Findings were debated fully at the October strategic review and a business plan for the next three years has been constructed.

2005 Accounts

The audited accounts for the year are shown in Annex 7 of the Annual Report. The main source of income remains subscriptions, accounting for just over 50% of the total for the year. Membership levels remain essentially static but improved levels of timely payment have helped to maximise this source of revenue. Examination income has stabilised in 2005 but the long-term trend remains downwards as reported last year. Only one conference was organised during the year with a consequential reduction of income from this source and the absence of any new priced publications contributed to the decline in sales revenue. An increased training grant from the Department of Health and grants from the Department for Work and Pensions for *The Health and Work Handbook* and *Fitness for Work* helped to boost income above budgeted levels. Expenditure was held firmly in check throughout the year and almost every element was kept within budget. Staff costs remain the largest single item of expenditure but were slightly lower than 2004 as the result of turnover and wages recovery relating to maternity pay. Overall there was a surplus in general funds, which

best reflects the day to day running of the Faculty, of £47,154 (7.7% of total income).

Grants, donations and gifts in kind remain an important source of income and can often mean the difference between a surplus and a deficit. The Sponsorship Co-ordinator, Chris Sharp, has continued to work tirelessly throughout the year to turn supportive sentiment into hard cash and the fruits of his labours are evident in the accounts. Our investments, which have been designated to help meet our accommodation needs in the next decade, have again performed well in a buoyant equities market. Dividends have added over £9,000 to the fund while capital growth has produced a further (unrealised) gain of over £50,000. The fund now stands at £342,889 from an original allocation of £250,000.

2006 Budget

The budget process has been no easier than usual – it is always much less of a problem to find ways of spending money than of raising it. The Board has again agreed a budget geared to producing a modest surplus (4.2%) in part to provide contingency for unanticipated costs but also to help accumulate a free reserve equivalent to six months' expenditure over the next five years. Accordingly fees and subscriptions have been increased by a rounded 4.5% and new sources of income are constantly being explored. Planned expenditure has been held to the minimum consistent with promoting the activities described elsewhere in this annual report. Increasing use of electronic communication is seen as an integral aspect of running the Faculty in a cost-effective manner. The entire membership can help to minimise future increases in subscriptions by using electronic methods (including direct debit) where possible, by submitting payments and CPD returns on time and by continuing to travel on Faculty business by the most economical means.

Corporate Governance

The various risks to the Faculty were again considered formally by the Trustees in accordance with the requirements of the Statement of Recommended Practice 'Accounting and Reporting by Charities' (SORP 2000) and the major risks and the provisions in place to mitigate them are shown in the table.

Epilogue

This will be my last report as Treasurer after nine years in office. Two years ago I set myself an objective of finding someone to take on

the mantle of Treasurer and that has finally come to pass. I hope that in that time I have succeeded in some small way in building on the excellent work of my predecessors, Bill Dixon and Bob Jones, and that the Faculty is in reasonable financial

shape. There are many significant challenges ahead for the Faculty but I am confident that among our membership we have the people with the skills to address them and to ensure that our professional body prospers. I am grateful to very many people for their help and

support over the past nine years but Frances Quinn has been an exceptional source of advice and assistance – to her I would like to convey publicly my very special thanks.

Paul Litchfield

Provisions in place to mitigate major risks

Major Risk	Existing Provisions	Additional Action Required
Failure of planned change	<ul style="list-style-type: none"> Review actions through committees including Executive and Board Performance manage staff Prioritised plan being developed following fundamental business review 	<ul style="list-style-type: none"> Programme of change Involve more members Increasingly slick processes Better discipline Bid for more staff resource
Problems with regulators	<ul style="list-style-type: none"> Advice from auditors Advice from solicitors Charity Commission guidance Trustee training plan Governance review Staff induction, training and appraisal Compliance review and plan 	<ul style="list-style-type: none"> Review of new SORP Development of PMETB, MMC and GMC relationship including investment of time to explain FOM's special needs Review of developing revalidation requirements
Poor quality of members' work (including non-members with Faculty qualifications)	<ul style="list-style-type: none"> Training process CPD Revalidation process NCAA relationship 	<ul style="list-style-type: none"> Modular restructuring of examinations and training Improved examiner training for all qualifications Training for educational supervisors Approval and audit of franchised centres Performance assessment of examiners and audit of examination process Moving towards requirement for CPD for anyone working on behalf of FOM
Failure of IT and equipment	<ul style="list-style-type: none"> IT maintenance contract Backups New website Business continuity plan 	<ul style="list-style-type: none"> Plan some hardware update for 2006 Develop secure section of website Enhance in-house skills Develop management system to ensure governance of system
Failure of perception of impartiality	<ul style="list-style-type: none"> New ethical guidance Examiner training including diversity training Examination process 	<ul style="list-style-type: none"> Audit E0 training uptake for STCs and RSAs Improve examination database information
Problems with competitors	<ul style="list-style-type: none"> Society Accord Academy relationships Devolved UK structure Relationship with Irish Faculty Enhance POOSH representation 	<ul style="list-style-type: none"> Relationships review and plan – eg IOSH, RCN, etc Refresh FOM brand and USPs Protect our products Realistic pricing – realistic view of market
Problems with suppliers	<ul style="list-style-type: none"> Split accountancy and audit functions Refreshed relationship with IT suppliers Maintain core IT skills in-house 	<ul style="list-style-type: none"> Develop franchise model Test course approval and audit processes Formally review franchising exercise Extend franchise base
Failure to adapt to change	<ul style="list-style-type: none"> Increasing business focus Undertaken a fundamental business review Active and engaged Board, Executive and paid staff CE has links with other CEs Active networking of membership 	<ul style="list-style-type: none"> Improve decision making Extend and repeat trustee training re governance Even more business focus Actively seek to maintain and improve skills mix in Executive and Board



Chris Sharp
Sponsorship Co-ordinator

The Faculty has had a busy period during the last year and this is going to continue in 2006-07. This has generated the need for sponsorship to support activities in the production of guidance and the launch of the final publications. We have been very fortunate that organisations both in the public and private sectors have recognised the importance of the Faculty's work and have been generous in providing funding support. On behalf of the Board, and myself, I would like to sincerely thank all in those organisations listed below who have worked with me to provide this support. However, we shall not be complacent in our success and the effort continues – I am always willing to talk to potential sponsors.

Atos Origin
BT
Department for Work and Pensions
Royal Mail

Chris Sharp



Alastair Leckie
Representative of Scotland

I do not want to trot out the trite phrases about how quickly the years go by, but it has been a very quick year. Writing this annual report as the representative of Scotland gave me time to reflect on things that have gone well, things that have not gone so well and some things that really haven't gone at all.

During the year I have represented the Faculty on the Occupational Health and Services Review that was conducted within the NHS in Scotland. The review did make some recommendations regarding the establishment of a centre for policy advice and also for the possible establishment of a commercial brokering arm for occupational health and safety services in the NHS in Scotland. At the time of preparing this report, the final version of the review has been with the Scottish Executive for some five months and we are waiting to see in which direction they wish to take it.

I have also represented the Faculty at the Academy of Royal Colleges and Faculties in Scotland. The majority of the discussion is around very NHS orientated matters and there are times where I cannot contribute to the issues being discussed, but certainly whenever anything that may have an occupational health slant is discussed I do contribute.

Training continues to do well in Scotland with 20 Specialist Registrars in training at present. There are the two Regional Specialty Advisers (RSAs) in Scotland, Liz Wright in the North and Sandy Elder in the South. They have agreed a combined training programme for the trainees. This is

managed and directed by Gill Fletcher and provides the trainees with five full days of training across a wide range of industries in Scotland. Typically, they will have a workplace visit in the morning followed by educational activities in the afternoon. Access to the Society of Occupational Medicine's (SOM's) Scottish Group meetings is facilitated by the Society offering places at half price to Specialist Registrars.

I represent the Faculty on the SOM Scottish Group Committee; this aids joined up working and perhaps is a model that can be picked up by the Faculty and Society centrally.

Scotland has now established its own POOSH (Professional Organisations in Occupational Safety and Health) in Scotland. After some dalliance with 'McPOOSH' the Group has now renamed itself 'POOSH Scotland' to reflect the serious and important role it has in advising on any occupational health and safety issues in Scotland. We have a direct link into PHASS, the Partnership for Health and Safety in Scotland, which is effectively a Health and Safety Commission committee for Scotland. There is also a possibility that a POOSH Scotland member will be invited to join the Healthy Working Lives Strategy Group. This will further promote the joined up work that is required to take forward this high level Scottish Executive initiative.

The Scottish Affairs Forum has been fairly quiet this year, but the type of issues we have discussed include: encouraging Fellowship nominations by members of the Faculty who are also members of the Royal Colleges in Scotland to heighten our profile within the Royal Colleges; promoting members to volunteer as dissertation assessors; actively supporting diploma course provision and teaching on local courses; establishing new training posts and maintaining current training posts; promoting and establishing where required teaching at an undergraduate level at the four Scottish medical schools; examining the implications for the new Foundation training programmes; and trying to ensure that funding for primary care occupational health services is maintained. I am sure there are other matters, which concern you, and I would be happy to hear about them and for the Forum to consider how they might be taken forward.

This is a time for rapid change in occupational health and safety and I do believe that in Scotland the Faculty is recognised, perhaps not as much as it should be, as an authoritative body for consultation in all matters to do with occupational medicine. Our profile is increasing and we are being involved in relevant matters. I will continue to try and get our views heard at the appropriate level and will seek to involve you when I do so, or involve whoever is best placed for the task. The Faculty sets the standards for training and competence and in Scotland we are providing a large amount of high quality training opportunities for prospective specialists and the real challenge for the Faculty is doing the same for the non-specialists who are required to meet the demanding objectives set by Government. We also need to be involved at an undergraduate level to influence and persuade tomorrow's doctors to ask about their patients' occupations and persuade the best of them to aim for a career in occupational medicine. When we do get involved in Healthy Working Lives as is explicitly stated in the document, and when it is realised into action, we will genuinely be able to say we are bringing about benefits for the whole of the working age population of Scotland.

I do wish to represent the views of members living in or practising in Scotland but to do so I do need communication from you. I look forward to hearing from as many of you as possible in the coming year at alastairleckie@ohsas.scot.nhs.uk.

Alastair Leckie



Geoff Denman
Representative of Wales

In 2005, we made further progress in Wales. For a while, we had no Specialist Registrars in training, but in the last year or so we have been able to recruit three. We still need to recruit more if we are to maintain the existing numbers of specialist occupational physicians practising in Wales.

Aims Last Year

- **Representation** – to ensure maximum use of Forum representatives' potential on relevant working groups and committees.
- **Education** – alternatives to traditional meetings and seminars would be sought because of the small number and wide geographical distribution of occupational health practitioners in Wales.
- **Common good** – development of centre of academic excellence in Wales.
- **Future Forum meetings**

Impact

Contacts with the Welsh Assembly Government are progressing. The Assembly has expressed an interest in the development of occupational health services across Wales, and is aware of the potential benefits. However, it does not yet know how many doctors are practising occupational medicine in Wales, and indeed it is difficult to find out because there is no requirement for doctors taking on such work to register it with anybody. A number of general practitioners are engaged in such work, but nobody knows how many. The Assembly intends to conduct a baseline mapping exercise to try to find out how many doctors are providing occupational health services now and where they are. We are supporting this

as far as we can, and have given them the information we have, although we recognise that it is incomplete. It is hoped that, once completed, the Assembly's work will provide a basis from which occupational health services across Wales can develop. The long-term aim is for such services to be available to all employees.

The Welsh Affairs Forum met again in October and discussed a number of issues relevant to practitioners in Wales including sickness certification, specialist training, and the development of the specialty within Wales.

The Centre of Academic Excellence in Cardiff is making good progress under the leadership of Denis D'Auria, and the new Masters degree course has enrolled its first students. It is a distance learning course, with a substantial part of the work being conducted online. The computer systems being used reduce the amount of printed material which is necessary, thereby reducing costs, but there are a number of other benefits. Assignments can be submitted and marked electronically, but a major benefit is the facility for students and tutors to hold online discussions.

The number of doctors undertaking specialist occupational health training in Wales is increasing, but more are needed just to maintain existing service levels, let alone increase them. A recent survey by the Association of National Health Occupational Physicians has shown that seven of the nine NHS consultants currently employed in Wales are due to retire in the next ten years. Specialist training takes four years, and at present we have only three trainees in Wales (two in the NHS and one in the private sector), so it is clear that the present number of trainees is inadequate. We are seeking further funding from the Welsh Assembly Government in order to enable this number to be increased, and have been working to identify potential locations for future training posts.

Geoff Denman



Delia Skan
Representative of
Northern Ireland

Membership of the Northern Ireland Forum of the Faculty of Occupational Medicine currently comprises David Courtney, Alastair Glasgow, William Jenkinson, Philip McCrea, and myself, with the Specialist Registrars (SpRs) being represented by Martin Tohill.

In Northern Ireland there are a total of four SpRs currently in training. The majority of SpR posts are in the public sector.

Dr Tohill has recently gained Membership of the Faculty. Dr Stevens continues as the Regional Specialty Adviser and in this role chairs the local Specialist Training Committee.

The major issues in Northern Ireland currently centre around a recent review of public administration. As a consequence of this review 18 Health and Social Services Trusts will be reduced to five and a new Regional Authority will be established.

Northern Ireland's Occupational Health Strategy "Working for Health" is now three years old and the Faculty continues to be represented on both the Rehabilitation Programme Action Team and Support Programme Action Team.

Delia Skan



Jayne Moore
Representative of
Specialist Registrars

2005 has been a politically active year largely due to changes in postgraduate medical education culminating in the setting up of the Postgraduate Medical Education and Training Board (PMETB).

PMETB is a body with statutory functions that are: "to establish standards of postgraduate medical education and training; to secure these standards and requirements; and to develop and promote postgraduate medical education and training in the United Kingdom". Also included are statutory objectives: "to safeguard service users; to ensure the needs of trainees are met; and to ensure the needs of employers are met". PMETB became live on 30 September 2005. The organisation oversees postgraduate training in all medical and surgical specialties including our own.

The changes that have already occurred include the move from gaining a certificate of completion of specialist training (CCST) to the introduction of a certificate of completion of training (CCT). The CCST has always been viewed as a defined end point to training while there are concerns that the CCT may be more malleable, in that this may not lead to automatic eligibility for a consultant role.

The formation of PMETB has brought with it the need for all specialties to review their training processes in order to align them with the General Medical Council's *Good Medical Practice* and for the required competencies to be clear and defined. This has led to working groups being set up by the Board to review training. The changes in

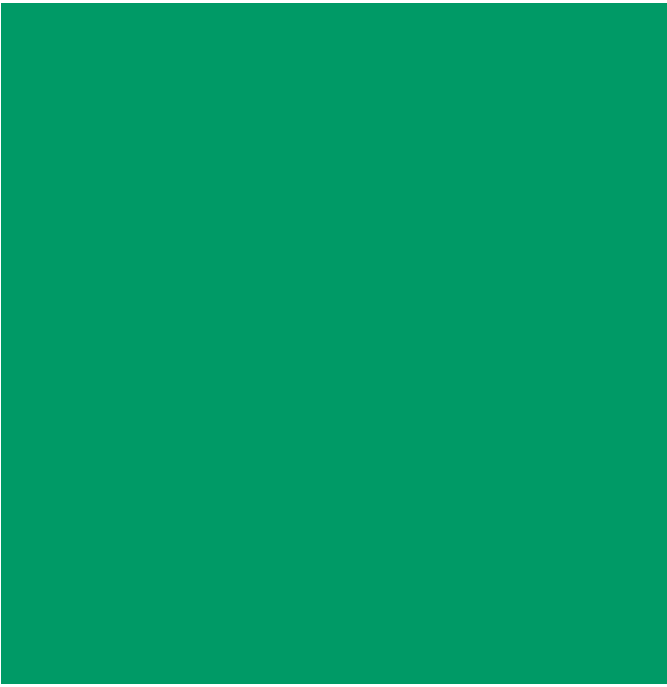
training will be gradual and transitional arrangements are outlined on the Faculty website.

For their final move of the year PMETB put out a consultation document on fees proposing a fee increase of 200%. This was posted on their website in December thus making the consultation period include Christmas and New Year. A response to the paper was drafted by each specialty representative on the Academy of Medical Royal Colleges Trainee Group, including myself, and also a separate response was sent from the Faculty. Since the end of 2005, some ground has been gained with the PMETB's decision to introduce a staged change to the fee structure over two to three years instead of the intended one year.

From the Academy Trainee group we also decided to swamp PMETB's application process for committee posts. This was because there was no Specialist Registrar (SpR) representation on any of the PMETB committees. All members of the trainee group submitted applications and the first two SpRs have been appointed to PMETB committees. Hopefully this will improve some of the outcomes by adding a trainee perspective.

The process of dissipating information to everyone continues through the network of regional representatives, one from each Deanery. Still without representatives are the Navy, Wales and Wessex. So I am still looking for volunteers....!

Jayne Moore



As the world of occupational health practice and medical education changes, it is vital that our training programmes reflect the changes. We want to attract high calibre doctors who will become the movers and shakers of the specialty and who will be equipped to meet the demands of occupational health practice in the 21st century.

— John Harrison, Academic Dean



List of Committee, Sub-Committee, Advisory and Working Group Memberships, RSAs and Representatives

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

Executive Committee

Dr O H Carlton	Registrar (Chair)
Dr W J Gunnyeon/Dr D C Snashall	President
Professor J Harrison	Academic Dean
Dr D Ferriday	Director of Assessment
Dr G Parker/Dr M J F Davidson	Director of Training
Dr J S F Tamin	Director of Professional Development
Professor K Holland-Elliott	Director of Communications
Ms N Wilkins	Chief Executive
Dr P Litchfield	Treasurer

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

Communications Sub-Committee

Professor K Holland-Elliott	Director of Communications (Chair)
Dr C Payton	Newsletter Editor
Dr R Thornton	Conference Secretary
Dr C F Amos	
Dr A D Archer	
Dr P R Grime	
Dr M D McKinnon	
Dr D Patel	Press Adviser
Dr R Philipp	
Mr H Robertson	Lay representative
Ms N Wilkins	Chief Executive
Dr D I M Skan	Board shadow for Director of Communications

This Working Group was established to review the Faculty's *Guidelines on Testing for Drugs of Abuse in the Workplace (1994)* and to draft new guidance.

Guidance on Alcohol and Drug Misuse Working Group

Dr S P Deacon	Chair
Dr B M Crichton	
Dr N F Davies	
Professor S Khan	
Dr I J Lawson	
Dr W J McCulloch	
Dr A M Samuel	

The Scottish Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Scotland, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative alerts the Board to issues in occupational medicine in their area.

Scottish Affairs Forum

Dr A M Leckie	Board representative for Scotland (Chair)
Dr F D Dick	
Dr S Kemp	
Dr F Macdonald	
Dr A H Mounstephen	
Dr I S Symington	
Dr M E Wright	
Dr A D Watt	SOM representative

The Welsh Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Wales, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative alerts the Board to issues in occupational medicine in their area.

Welsh Affairs Forum

Dr G Denman	Board representative for Wales (Chair)
Dr W W Davies	
Dr T I Evans	
Dr G J Judge	
Dr M G Tidley	
Dr P L Wyke	
Dr P J L M Oliver	SOM representative

The Northern Irish Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Northern Ireland, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative alerts the Board to issues in occupational medicine in their area. In addition, the Forum assists in strengthening links with the Faculty of Occupational Medicine in the Irish Republic.

Northern Irish Affairs Forum

Dr D I M Skan

Board representative for Northern Ireland (Chair)

Dr D Courtney

Dr W R Jenkinson

Dr A P McCrea

Dr M Tohill

Dr A C A Glasgow

SOM representative

The European Affairs Forum provides a focus for discussion and debate on European occupational health issues, a European dimension to the consideration of new Faculty policies and initiatives, and helps strengthen links with our European colleagues, thus demonstrating the Faculty's interest in and commitment to Europe.

European Affairs Forum

Dr E B Macdonald

Co-Chairman (Faculty representative on UEMS Occupational Medicine section)
Co-Chairman

Dr R J L Heron

Dr B M Crichton

Dr N P Dowdall

Dr P F G Gannon

Dr D Sen

Professor J Harrison

Dr A J M Slovak

EASOM representative

SOM representative

The Fellowship Committee considers all Fellowship nominations received by the Faculty and makes recommendations to the Board. The Committee also makes proposals to the Board for the award of Honorary Fellowships.

Fellowship Committee

Dr J J W Sykes/Dr W J Gunnyeon

Immediate Past-President (Chair)
Registrar

Dr O H Carlton

Dr M J F Davidson

Elected RSA Representative

Dr P Graham

Lay representative

Mr H Robertson

Lay representative

Dr D Courtney

Fellows appointed by the Board

Dr A M Samuel

Dr D Sen

Dr D C Snashall/Dr G Parker

Dr R Thornton

Dr E R Waclawski

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. From time to time it revises *Guidance on Ethics for Occupational Physicians*, the 6th edition of which is currently in preparation. It is not the remit of the Committee to consider and 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.

Ethics Committee

Dr C C Harling

Chair

Dr S J Hunt

Secretary

Dr P Litchfield

Member of the Board/Executive

Dr J G Bell

4 Members or Fellows

Dr L Holden

Dr R Jefferson

Dr S Pattani

To be appointed

Diplomate

Ms S Cave

Co-opted non-medical member:
OH nurse

Ms T Daly

Co-opted non-medical member:
OH nurse

Dr P Graham

Lay representative

Mr H Robertson

Lay representative

Bela Gor

Employment lawyer

The Faculty Clinical Excellence Awards Committee nominates NHS consultants in occupational medicine for clinical excellence/distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages eligible consultants who are members of the Faculty to submit the relevant documentation to the committee for consideration. A guide to the awards scheme is available on the Internet (www.doh.gov.uk/accea).

Clinical Excellence Awards Committee

Professor T C Aw

Chair

Dr W J Gunnyeon/Dr D C Snashall

President

Dr E R Waclawski

President, SOM

Professor D N M Coggon

Dr C C Harling

To be appointed

Lay representative

List of Committee and Working Group Memberships, RSAs and Representatives cont.

<p>The Assessment Sub-Committee considers all matters relevant to the examination/assessment process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners and assessors.</p>	<p>Assessment Sub-Committee Dr D Ferriday Professor J Harrison Dr M R Dean/Dr D Sen Dr S R Boorman Dr T M Gibson/Dr M Henderson Air Cdre A J Batchelor Dr A Pilkington Dr J Cartwright Dr A M Leckie Mr H Robertson</p>	<p>Director of Assessment (Chair) Academic Dean Chief Examiner AFOM Chief Examiner D0ccMed Chief Examiner DDAM Chief Examiner DAvMed Chief Examiner Internal Assessment Chief Examiner Quality Management Board shadow for Director of Assessment Lay Member</p>
<p>This Advisory Group devises, sets and reviews the biannual examination for Associateship of the Faculty.</p>	<p>AFOM Advisory Group Dr M R Dean/Dr D Sen Dr D Ferriday Dr J Anderson Dr M Jennings Dr R V Johnston Dr D S D Jones Dr I A McCoubrey Dr S Sadhra Dr P A Siklos Dr J F S Tamin</p>	<p>Chief Examiner AFOM (Chair) Director of Assessment</p>
<p>This Advisory Group devises, sets and reviews the Diploma in Occupational Medicine examination.</p>	<p>D0ccMed Advisory Group Dr S R Boorman Dr D Ferriday Dr J Henderson Dr P M Jeffrey Dr R Thornton Dr S T Wang Dr L P Wright</p>	<p>Chief Examiner D0ccMed (Chair) Director of Assessment</p>
<p>This Advisory Group devises, sets and reviews the Diploma in Disability Assessment Medicine examination.</p>	<p>DDAM Advisory Group Dr T M Gibson/Dr M Henderson Dr D Ferriday Dr C Hudson Gp Capt D Jones Dr N Mitchell-Heggs</p>	<p>Chief Examiner DDAM (Chair) Director of Assessment</p>
<p>This Advisory Group devises, sets and reviews the Diploma in Aviation Medicine examination.</p>	<p>DAvMed Advisory Group Air Cdre A J Batchelor Dr D Ferriday Dr M Bagshaw Dr M G Braithwaite Dr J Cartwright Dr A D B Evans Dr T M Gibson Group Captain D Gradwell Dr R V Johnston Wg Cdr H Lupa Dr C Sharp Dr A P Steele-Perkins</p>	<p>Chief Examiner DAvMed (Chair) Director of Assessment</p>

The Peter Taylor Medal Advisory Group assesses the dissertations submitted in the calendar year preceding the Annual General Meeting at which the medal is presented. The medal is awarded to the best dissertation submitted to the Faculty, the assessment criteria being scientific rigor, contribution to occupational medicine practice and the amount of help received by the candidate. A satisfactory dissertation is only one of the components of higher specialist training required in order to achieve Membership of the Faculty.

Peter Taylor Medal Advisory Group

Professor J Harrison	Academic Dean (Chairman)
Professor T-C Aw	
Dr A Pilkington	Internal Assessor
Dr R M Preece	SOM representative

The Assessment Development Working Group was established to develop new methods of assessing the competence of Specialist Registrars for when the new training programme is introduced.

Assessment Development Working Group

Dr D C Brown	Chair
Dr D J Anton	
Professor T-C Aw	
Dr D I T Jenkins	
Dr R L Marcus	
Dr J P Owen	
Dr C J M Poole	
Dr N Royan	

The Specialist Training Sub-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 Sub-Committee recommends to the Specialist Training Authority the award of a CCST, and from 30 September 2005 to the Postgraduate Medical Education and Training Board the award of CCT.

Specialist Training Sub-Committee

Dr G Parker/Dr M J F Davidson	Director of Training (Chair)
Professor J Harrison	Academic Dean
Dr N K Cooper	
Dr M J F Davidson	Board representative of Regional Specialty Advisers
Dr I Hastie	Lead Dean for Occupational Medicine
Professor K Holland-Elliott	
Dr J K Moore	Board representative of Specialist Registrars
Dr N G Morris	
Dr P J J Ryan/Dr R M Preece	SOM nominee
Dr D I M Skan	Faculty of Occupational Medicine Royal College of Physicians of Ireland nominee

The Article 14 Assessment Advisory Group was established to evaluate applications in occupational medicine made under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and to make recommendations to the Postgraduate Medical Education and Training Board.

Article 14 Assessment Advisory Group

Dr N K Cooper	Chair
Dr M J F Davidson	Director of Training
Dr J Cartwright	
Dr G Fletcher	
Dr P M Jeffrey	
Dr S C Sheard	
Dr J G Spiro	

The Workplan Development Group was established to undertake work on changes to specialist education and training, under the direction of the Academic Dean.

Workplan Development Group

Professor R M Agius	Dr M R Gibson
Dr S R Boorman	Professor J Harrison
Dr M J F Davidson	Professor K Holland-Elliott
Dr M R Dean	Dr G Parker
Dr D Ferriday	Dr P I Raffaelli
Dr A M Finn	Dr C Roythorne
Dr F Gallagher	Dr R Wakeford

The Changes to Occupational Medicine Higher Specialist Training Workplan Group was established to plan and implement the major review of specialist education and training.

Changes to Occupational Medicine Higher Specialist Training Workplan Group

Professor J Harrison	Academic Dean (Chair)
Professor K Holland-Elliott	Director of Communications
Dr D Ferriday	Director of Assessment
Dr M J F Davidson	Director of Training

List of Committee and Working Group Memberships, RSAs and Representatives cont.

Regional Specialty Advisers and Deputies

Region	RSA	Deputy
Northern	Dr C J English	Vacant
Yorkshire	Dr J M Shepherd	Dr S M J Powell
Trent	Dr I R Aston	Dr R M Quinlan
East Anglia	Dr P J Baxter	Dr R D C Farman
N W Thames	Dr J Cartwright	Dr C F Amos
N E Thames	Dr C T Lamb	Vacant
S E Thames	Vacant	Dr A M Finn
S W Thames	Dr R V Johnston	Professor K Holland-Elliott
Wessex	Dr R G Crane	Dr J C Smedley
Oxford	Dr K M Venables	Dr J Spiro
South West	Dr R Philipp	Dr G M F Woodroof
West Midlands	Dr S C Sheard	Dr A S Robertson
Mersey	Dr P J L M Oliver	Dr D H Wright
North West	Dr F C Page	Dr D G Menzies
Wales	Dr M G Tidley	Dr D A P D'Auria
South Scotland	Dr A G Elder	Dr G M Fletcher
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 Capt M R Dean Surg Cdre N E Baldock
Army	Professor J M Harrington	Lt Col J P Owen Col R Thornton
Air Force	Dr U T Ferriday	Gp Capt D I T Jenkins Gp Capt A C Wilcock
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Dr S C P M Shearer	Dr M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

The Research Sub-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 and interventions within strategic health management. The Sub-Committee also advises the BOHRF management committee and produces a report for the sponsors of BOHRF summarising the activity of the Sub-Committee and recommending future research options.

Research Sub-Committee

Professor C A C Pickering
Professor J Harrison
Dr P Graham
Mr B Kazer
Professor A Griffiths
Professor J J K Jaakkola
Professor S Khan
Dr I Madan
Ms L Morgan
Professor M J O'Donnell
L Seymour
Dr A B Stevens

Chair
Academic Dean
Lay member
Chief Executive, BOHRF

The Professional Development Sub-Committee advises the Board and the membership on all matters relating to professional development. It has not met in 2005 but will reconvene once the General Medical Council makes it clear what the definitive revalidation arrangements will be.

Professional Development Sub-Committee

Dr J S F Tamin
Dr M G Braithwaite
Dr G W Davies
Dr A M Grieve
Dr N G Morris
Dr P Graham
Dr N L G McElearney
Professor J M Harrington
Mr D Pilling/Mr B Sharpe

Director of Professional Development (Chair)
4 Faculty members
Lay representative
SOM Education Panel representative
SOM nominee
GMC representative

This Panel assesses the applications for these fellowships and makes recommendations to the Executive Committee as to the recipients.

Mobbs Travelling Fellowship Panel

Dr R V Johnston Chair
Dr S A Robson
Dr J J W Sykes

Representatives on Other Bodies

Academy of Medical Royal Colleges Assessment Committee	Dr W J Gunnyeon/Dr D C Snashall
Health and Inequalities Forum	Dr D Ferriday
Academy of Royal Colleges and Faculties in Scotland	Dr I M Kennedy
British Medical Association Junior Doctors Committee	Dr A M Leckie
British Medical Association Occupational Health Committee	Dr J K Moore
Civil Aviation Authority Aviation Medicine Forum	Dr N F Davies
Department of Health Standing Medical Advisory Committee	Dr R V Johnston
European Union of Medical Specialists Section of Occupational Medicine	Dr W J Gunnyeon/Dr D C Snashall
Health and Safety Executive Asthma Project Board	Dr E B Macdonald
Intercollegiate Academic Board of Sport and Exercise Medicine	Dr P J Nicholson
Intercollegiate Working Lives Forum	Dr S C Sheard
Medical Council on Alcohol Advisory Group	Dr R D C Farman
National Patient Safety Agency	Dr C D Payton
<i>Occupational and Environmental Medicine</i> Editorial Board	Dr P J Nicholson
Occupational Physicians Reporting Activity Advisory Committee	Dr D C Snashall
Professional Organisations in Occupational Safety and Health	Dr J Cartwright
Royal College of Physicians of London Council	Dr P Litchfield
Specialist Training Authority of the Medical Royal Colleges	Dr W J Gunnyeon/Dr D C Snashall
Toxicology Liaison Officer	Dr W J Gunnyeon/Dr D C Snashall
UK Voluntary Register for Public Health Specialists Advisory Group	Dr M A Cooke
	Dr K E Nightingale

Representatives' Reports

Academy of Medical Royal Colleges Health and Inequalities Forum (AHIF)

The AHIF meets three times a year and aims to promote the recognition of health inequality issues by all Medical Royal Colleges and Faculties. The Forum ultimately acts in support of agreed College- and Faculty-driven projects and initiatives.

During the last year the work of the Forum has focussed on various public health initiatives such as *Choosing Health* and the ban on smoking. The group has submitted formal statements to the Department of Health on these issues, which have been agreed by all Royal Colleges and Faculties, emphasising a consensus view as to the need for further government action to more effectively address health inequalities.

Work is currently being undertaken on various means to raise awareness of health inequalities by individual Colleges and Faculties, and how best this might be incorporated in training programmes. A core training module on health inequalities is currently being developed by the group, which could be applied to postgraduate training by all Colleges and Faculties. Once completed, this module will be sent to the Chair of the Education Committee of each College and Faculty.

The Forum has continued to provide an opportunity for College representatives to share specific initiatives and develop policies and plans of action to address health inequalities within their specialty.

Two documents published by the Faculty during the last year have relevance to addressing health inequalities in the occupational health context. *The Health and Work Handbook*, a document produced jointly with the Society of Occupational Medicine and the Royal College of General Practitioners, provides guidance to primary care teams and occupational health professionals who care for and advise patients of working age, including advice on rehabilitation and return to work. *Creating a Healthy Workplace*, a document produced in collaboration with the Faculty of Public Health, provides practical ideas to help employers to improve health and well-being in the workplace.

The Faculty has also produced a position statement on smoking and work and undertaken work to promote the health benefits of smoke-free workplaces.

Ioanna Kennedy

British Medical Association (BMA) Occupational Health Committee

The BMA Occupational Health Committee convenes every four months. Its purpose is to advise the Association and its membership on safety health and welfare matters relevant to their work and working environment. A busy year included wide ranging discussions and debate, with consideration of multiple issues some contentious and some not. These covered the following topics to give an idea of the matters which were addressed: medical students with blood borne viruses, sickness certification, MRSA and healthcare associated infections, vexatious complaints against occupational physicians, safer needles network, fees, guidance for communications about patients, VAT for medical services, infection control training. The committee also considers motions to be tabled at the Annual Representative Meeting and acts on resolutions carried with occupational health relevance and implications. During the year the Chair passed from Dr S Robson to Dr P Grime.

Neil Davies

Civil Aviation Authority (CAA) Aviation Medicine Forum

This Forum meets bi-annually in order to improve communication in liaison with key stakeholders in the pilot, airline and air traffic community. The main developments during 2005 in the Medical Department were:

- **Authorised Medical Examiner (AME) On-line Project**

The transition to electronic data management of the medicals carried out by our AMEs throughout the country is progressing and some 50% of medicals were loaded on-line up to December 2005. This approach enhances the quality of the data submitted and allows our AMEs to see the full previous medical history of the individual they are examining. The challenge is to achieve the majority of examinations on-line by the end of 2006.

- **Passenger Health**

The Aviation Health Unit, headed by Dr Annette Ruge, was extremely active during 2005 addressing significant issues such as cabin air quality, cabin air contaminants, deep venous thrombosis and on board medical equipment. Phase 1 of the WRIGHT study on DVT has reported and confirmed that the incidence of DVT is slightly increased with longer duration of travel but this applied to all methods of transport. Air contamination on aircraft is an area of current interest and a study on the Ideal Cabin Environment (ICE) is about to commence.

- **National PPL**

This licence, whose medical standards are linked to those of the DVLA, continues without significant problems. The NPPL Medical Advisers produce an annual report to ensure any issues are fully addressed. The majority relate to cardiovascular disease. Up to December 2005 3,394 licences were issued.

- **European, Aviation Safety Agency (EASA)**

The Agency came into being on 20 September 2003 and comes under the umbrella of the European Commission and thus has authority under European Law. Initially it will be involved in type certification of aircraft and is based in Cologne. Progress has been slow but it is likely that medical certification of pilots will come under its umbrella in 2006/2007. It is also probable that

the responsibility for the certification will be devolved to the National Aviation Authorities. The CAA is active in European fora to ensure that safety standards are maintained.

- **Appraisal and Revalidation for Authorised Medical Examiners**

Continuing medical education is important for the AME network but the precise format of revalidation is currently on hold pending advice from the General Medical Council following the Chief Medical Officer's Review. The work of the AMEs is audited to ensure consistency and quality.

- **Developments within Europe**

Under the Joint Aviation Regulations (JAR) medical standards have been harmonised throughout Europe and regular meetings of the medical committee are held to ensure that medical standards keep pace with developments and research in the general medical community. To this end a Review and Development Working Group (ReDWiG) has been set up to introduce a structured approach to new treatments in the aviation environment. One of the first areas to be addressed will be insulin treated diabetics, who may be considered for professional certification in a multicrew environment.

The United Kingdom has continued to press for an evidence based approach and this has resulted in the removal of a number of tests including EEGs and Chest X-rays for initial pilot medicals.

Raymond Johnston

European Union of Medical Specialists (UEMS) Section of Occupational Medicine

The objectives of the UEMS are

- study, promotion and harmonisation of high quality training of medical specialists in the EU
- promotion of the free movement of specialists within the EU
- defence of the professional interests of specialists and their role in society
- representation of medical specialists within the medico-political arena in the EU.

The Mission of the section is to promote the development of the specialty of occupational medicine with the aim of improving the health of workers. The section meets twice per year. Each country is entitled to two representatives, one academic (FOM nominee), one practitioner (SOM nominee) who have to be proposed by the country medical organisation (BMA). Meetings generally have at least 17 countries represented with about 25 participants.

I completed my four year term as President of the section in March 2005 to be replaced by Consol Serra from Spain. Knut Skyberg of Norway is Secretary and Andy Slovak is Treasurer.

During the last year the group met in Glasgow and Amsterdam. Major initiatives of the section have been:

- the consolidation of the agreed core competencies, now agreed across the EU and utilised by accession countries;
- exploration of a physician led peer audit system for optional use across the EU, developed in Germany (work ongoing)
- revision of the section website;

- support to the establishment of the occupational health field of the Cochrane Collaboration;
- improved liaison with the European Association of Schools of Occupational Medicine (EASOM);
- organisation of an international workshop and publication of its conclusions(website);
- communication with EU institutions to advance the cause (ongoing).

The future programme includes:

- building on the above;
- strengthening communications with EU institutions;
- organising a symposium at the ICOH Milan meeting on occupational medicine in Europe;
- improving harmonisation of training, and transparency of qualifications;
- establishing quality assurance and improvement of the practice of Occupational Medicine;
- evolving the competencies to better meet the needs of society.

Ewan Macdonald

Health and Safety Executive (HSE) Asthma Project Board

The Asthma Project Board is a partnership board created by HSE to support HSC's target to reduce asthma caused by substances at work by 30% by 2010. The Board's main objectives are to produce strategic ideas on reducing the incidence of occupational asthma and to promote awareness of asthma caused by and made worse by work. The Faculty continued to make significant contributions to this partnership work, collaborating synergistically with the Society of Occupational Medicine and the British Occupational Health Research Foundation (BOHRF) to exploit distinctive organisational competencies. The BOHRF systematic review and evidence-based guidelines were published in the Faculty's adopted journal, *Occupational and Environmental Medicine*, and won the BUPA Foundation prize for Excellence in Occupational Medicine, providing further opportunity to promote the guidelines through both the Faculty and the Society. Other Faculty Members and Fellows on the Asthma Project Board include, Bob Jefferson representing the Institution of Occupational Safety and Health, Professor Tony Newman Taylor, Alastair Robertson representing the Department of Health and Alister Scott representing the Chemical Industries Association.

Trends in occupational asthma are difficult to assess from available data sources. THOR (The Health and Occupational Reporting Network) data showed that between 1993 and 2000 the number of estimated cases fluctuated, at around 1000 cases per year. The estimated numbers for the last four years have been well below this, indicating a probable decrease in incidence. A new report from HSE inspectors visiting NHS Trusts and nursing homes showed a slight improvement in occupational asthma management systems in 2005/6 compared with 2002/3. 69% of workplaces were fully or broadly compliant. This compares to worsening trends for musculo-skeletal disorders and stress. The steady improvement over the last 4 years is seen by HSE to be a further indicator that joint efforts are succeeding. With this success there is discussion around extending the scope of work of the Asthma Project Board to include occupational chronic obstructive pulmonary disease.

Ongoing work includes that of the group of occupational respiratory physicians to agree a new standard respiratory questionnaire and to promote a clinical standard of care for the diagnosis of occupational asthma. Further information about the Asthma Project Board is available online at: <http://www.hse.gov.uk/asthma/work.htm>.

Paul Nicholson

Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM)

The last 12 months have been very busy for the Intercollegiate Board members. An amendment was made to the Specialist Order on 30 September 2005 and Sport and Exercise Medicine is now recognised as a new Specialty. The Board has been renamed the Faculty of Sport and Exercise Medicine (UK), The Intercollegiate Faculty of Sport and Exercise Medicine. An official launch of the Faculty is planned for the latter part of 2006. The curriculum document has been amended and is awaiting approval from the Postgraduate Medical Education and Training Board. Credentialing documentation has been agreed and categories of membership discussed. Specialist Registrar posts are now being considered with sites allied to the 2012 Olympics likely to be early candidates. There remains a significant opportunity for Occupational Medicine to play an active part in this new specialty and anyone interested is encouraged to visit the Royal College of Surgeons of Edinburgh website (<http://www.rcse.co.uk>) or to contact me for details.

Simon Sheard

Intercollegiate Improving Working Lives (IWL) Committee

The Intercollegiate Improving Working Lives Committee was set up with representation from each of the Medical Royal Colleges and Faculties. The work of the Committee was directed towards staging a further annual conference, which this year was held at the Royal College of Pathologists in December 2005.

The conference examined the influences behind career choices made during the years of undergraduate and junior doctor training and how changes in career development and support throughout medical and dental careers need to be managed to meet the changing demands of the NHS. 'Round pegs in square holes – getting career choices right' was therefore chosen as a suitable title for the conference. The conference report is to be published in the Royal College of Physicians publication 'Clinical Medicine' early in 2006.

Subjects were varied and as follows:

- Trends in recruitment.
- What patients want.
- Key note speech from Lord Warner, Minister of State for NHS Delivery, Department of Health, which included reference to a Department of Health commitment to reorganise and improve NHS Occupational Health services, to promote staff health and manage sickness, including work related stress and other illnesses.
- Factors affecting doctors' career choices.
- Junior doctors' views about their current job and future work intentions.
- Career support for newly qualified and junior doctors.
- Career choices – the junior doctor perspective.

- Achieving the transition from junior doctor to consultant.
- Senior doctors in management.

The Intercollegiate IWL Committee has indicated that the next topic for an annual conference will relate to 'changing work practices, including retirement'.

Robin Farman

National Patient Safety Agency (NPSA)

The National Patient Safety Agency is a Special Health Authority created to monitor and learn from patient safety incidents occurring in the NHS. The NPSA's work encompasses: safety aspects of hospital design, cleanliness and food, ensuring research is carried out safely (through its responsibility for the Central Office for Research Ethics Committees – COREC); and supports local organisations in addressing concerns about the performance of individual doctors and dentists (through its responsibility for the National Clinical Assessment Service – NCAS). The NPSA Medical Advisory Panel meets three times a year.

NPSA work during the year included:

- publication of *Medical Error*, a booklet with 14 interviews with leading doctors on mistakes they have made and mailed to over 43,000 doctors in training;
- consultation on the future of NHS research ethics committee service;
- advice to NHS organisations in England and Wales to take steps to better protect patients with latex allergy;
- guidance to NHS organisations in England and Wales on preventing Repevax® and Revaxis® being mistaken for one another;
- launching *Seven steps to patient safety for primary care*, a guide to help primary care organisations in England and Wales make patient care safer;
- advising NHS organisations to institute local policies to improve communication with patients who are unintentionally harmed by treatment;
- launching the online "Incident Decision Tree", which aims to help the NHS move away from asking "Who was to blame?" when things go wrong. It was created to help NHS managers and senior clinicians decide initial action to take with staff involved in a patient safety incident. It is intended to promote a consistent and fair approach, avoiding unnecessary and costly suspensions and exclusions.
- Publishing *Building a memory: preventing harm, reducing risks and improving patient safety*, the first analysis of patient safety data in England and Wales, available at: http://www.npsa.nhs.uk/site/media/documents/1269_PSO_Report_FINAL.pdf
- A web portal *saferhealthcare* dedicated to providing healthcare professionals with one-stop patient safety resource and community of interest. The website is a partnership with the BMJ Publishing Group and the Institute for Healthcare Improvement. See: <http://www.saferhealthcare.org.uk>

Further information about the National Patient Safety Agency is available at: http://www.npsa.nhs.uk/site/media/documents/1269_PSO_Report_FINAL.pdf

Paul Nicholson

Professional Organisations in Occupational Safety and Health (POOSH)

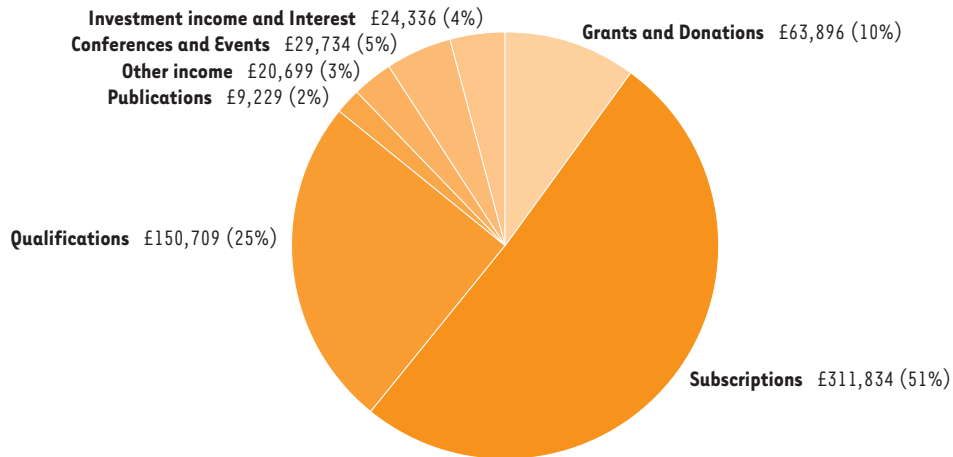
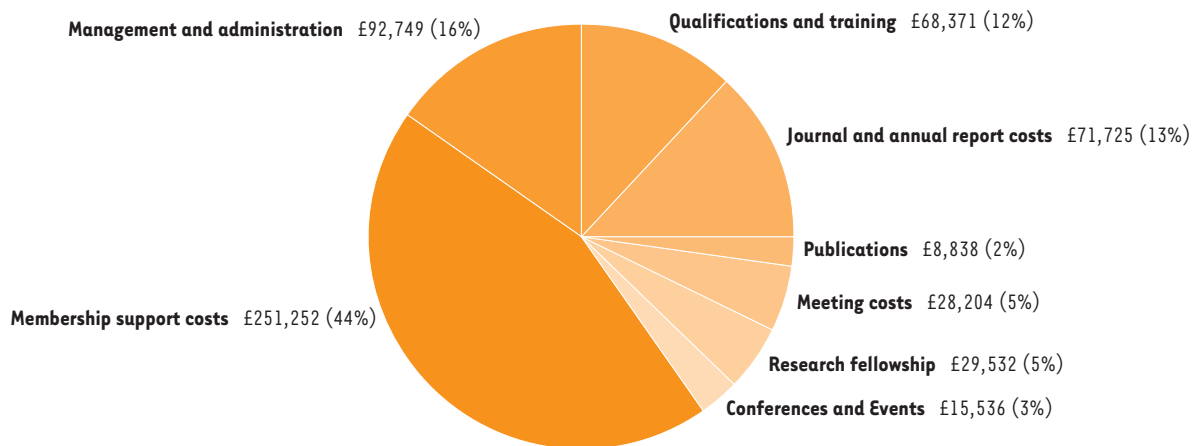
This multi-disciplinary umbrella group continues to meet three times per year with the purpose of sharing information among organisations committed to the provision of safe and healthy working environments.

POOSH's objectives are to:

- exchange views, knowledge and information on matters of interest to members;
- offer comments on consultative documents and national strategies for health and safety;
- discuss and develop common initiatives and policies for consideration by the UK government and the EU;
- promote professional standards and competence among health and safety practitioners, including appropriate qualifications and continuing professional development schemes.

The POOSH website is now well established at www.poosh.org and contains links to the partner sites as well as information on recent issues discussed. A matrix of member organisations' priorities and interests has been updated to facilitate co-operative working. Continuing Professional Development requirements of the different organisations have been compared and, where appropriate, duplication has been eradicated (eg compliance with the Faculty scheme is accepted by the Institution of Occupational Safety and Health (IOSH)). A simple competencies guide has been produced to assist Small and Medium Enterprises (SMEs) in identifying the appropriate expertise when faced with a health and safety issue.

Paul Litchfield

Income – £610,437**Expenditure – £566,207****Membership 2000 - 2005** (Members invoiced at 1 April)

	2000	2001	2002	2003	2004	2005
Affiliating diplomates	207	225	278	327	384	411
Trainees	129	139	146	145	142	144
Associates	329	321	317	289	260	249
Members	414	390	391	398	383	388
Fellows	398	390	400	384	359	356
Honorary Fellows	69	71	70	77	82	86
Life members	0	0	0	29	43	56
Other specialists	0	0	0	0	2	3
Totals	1,546	1,536	1,602	1,649	1,655	1,693

Annex 2**Award of Fellowship for 2005**

R H Beastall
L N Birrell
A M Donoghue
S Kumar
J Luby
D E S Macaulay
S Stork

Honorary
Mrs C Atwell
Dr A D Curran

Annex 3**Award of Membership for 2005**

B A Adejoro
J M Bastock
J M Beaumont
M E Blatchford
D C H Bulpitt
A J R Bushby
M A Coolican
E D'Souza
J A Ford
D J Fox
S J Hutton
G S Irons
P Krishnan

R S J Matthews
D J McCormack
D McLoughlin
R N McKechnie
C R Moen
N Nachiappan
J G Pierson
P R Richards
S Sperber
W Stipp
C B Webb
N L Wilson

Winner of the 2005 Peter Taylor Award
(for the best dissertation submitted):
Dr M Tohill

Annex 4**Award of Associateship for 2005****January 2005 examination**

S K Abbas
M Ali
F M Curran
Y M Davies
P R Hinds
S P Lucey
A P Massey
S I Miah
K R H Smith
E J Thompson

June 2005 examination

K M Allen
L K Boakye
K J Cryer
O P Devlin
O M El-Nagieb
I Ghafur
P Giri
R S Lewis
M Misra
A G Moran
C S Mutalik
A P Ryan
J M Sharpey-Schafer
R J Southam
S K Tamin
D M Watson
F Westbrook

No of candidates sitting: 18
No of candidates passing: 10
Passing percentage: 56%

No of candidates sitting: 26
No of candidates passing: 17
Passing percentage: 65%

Winner of the 2005 William Taylor Memorial Prize
(for the highest overall score):
Dr R J Southam

Annex 5**Award of Diploma in Occupational Medicine for 2005****May 2005 examination**

M Adamou	G McNeish
I Ahmed	N G Miller
F M Alexander	A P Moltu
J S Allen	I J Morris
L Badran	T O'Shea
H A Benson	D A Parker
N Boelling	M Pritchard
A Brown	B L Ratcliffe
G Bryant	N J Riddell
H J Carruthers	C J Rose
R Chisholm	P Sandhu
S J Cornock	S M Sheehan
A J Dawton	I Shore
A O Fagbemi	T G Spicer
C M Goble	S A Steele
J Gohil	A Tasou
C J Grimes	K M J Thomas
P Gupta	J R Thompson
D J Hale	A Trakoli
J M Hills	S Vara
S L Jenkins	P L Walters
N E Jones	S J Wilson
J Le Noury	
S A Madgwick	
H E Matthews	
S M Maybin	
H B McMichael	

No of candidates sitting: 53
No of candidates passing: 49
Passing percentage: 92%

Annex 5 cont**Award of Diploma in Occupational Medicine for 2005****November 2005 examination**

J Barnes	M-K Phoong
C M Boxer	O C Pitan
D M Carter	M U Quraishi
M Choudhry	J C Reynolds
E M Dunlop	W S Ringer
O A Fagade	A Rowlands
R S Gallagher	D Salkin
C L Green	P Schofield
S W Hardcastle	M R Selby
A G Hicks	P Simpson
N Hoffmann	F Solkar
V Hurlle	I Ukot
K J Ingram	D A Walker
A Kaufman	G J Webb-Wilson
S Ker	D Wilkins
C A Martins	
M W Navin	<i>No of candidates sitting: 40</i>
P Naylor	<i>No of candidates passing: 34</i>
S J Parr-Burman	<i>Passing percentage: 85%</i>

Winners of the 2005 AstraZeneca Prizes
(for the highest overall score)

Dr S Ker

Dr P Naylor

Dr J R Thompson

Annex 6**Award of Diploma in Aviation Medicine for 2005**

R Bin-Kolob	G Pascoe
J Griffiths	A Saravanan
W Haggai	H Shrimpton
D Haseldine	M Skinner
I Housego	R Vaikunthanathan
S Houston	L Whybourn
C Jackson	W U-H Zaidi
C Kasma	
W Lim	
A Loh	<i>No of candidates sitting: 23</i>
A Mandiwana	<i>No of candidates passing: 19</i>
C McCready	<i>Passing percentage: 83%</i>

Winner of the Stewart Memorial Prize
(for the best examination performance)
Squadron Leader G Pascoe

Winner of the British Airways Barbara 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)
Major A Mandiwana

Annex 7

Accounts for the year ended 31 December 2005



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Registered office and advisors

Registered office: 6 St Andrews Place
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W1A 4LN

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231–33 New Street
St Helier
Jersey
Channel Islands
JE4 8YW

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

Auditors: Kingston Smith
Devonshire House
60 Goswell Road
London
EC1M 7AD

Report of the Trustees

The trustees are pleased to present their report for the year ended 31 December 2005.

The trustees confirm that the annual report and financial statements of the charity comply with current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in October 2000.

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.

Objects

Its objects are to:

- promote for the public benefit the advancement of education and knowledge in the field of occupational medicine;
- act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine;
- 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, Academic Dean, Directors of Assessment, Training and Professional Development, Registrar, Director of Communications, Chief Executive, Treasurer and Board Representatives for Scotland, Wales, Northern Ireland and Specialist Registrars.

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 trustees 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 trustees have 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 trustees considered that they had free reserves of £173,053 and a capital fund currently valued at £342,889. The trustees will annually reconsider the adequacy of these levels of reserves in the light of future plans.

Investment policy

It is the policy of the trustees 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.

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.

Trustees

The trustees are elected by the membership in accordance with the Standing Orders; the full list of trustees is set out separately.

Address and advisors

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

Approved by the trustees on 5 April 2006 and signed on their behalf by:

Treasurer: Dr P Litchfield FRCP FFOM

President: D C Snashall Msc FRCP FFOM LLM

Statement of the Trustees' responsibilities

The trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice applicable to charities.

The Charities Act 1993 requires the 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 trustees are 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 trustees are 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 trustees are 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 trustees are responsible for ensuring that the Report of the Trustees (and other information in the annual report) is prepared in accordance with charity law in the United Kingdom.

Independent Auditors' Report to the Trustees of The Faculty of Occupational Medicine

We have audited the financial statements of the Faculty of Occupational Medicine for the year ended 31 December 2005 which comprise the Statement of Financial Activities, the Balance Sheet, and the related notes. These financial statements have been prepared in accordance with the accounting policies set out therein.

This report is made solely to the charity's trustees, as a body, in accordance with regulations made under section 43 of the Charities Act 1993. Our audit work has been undertaken for no purpose other than to draw to the attention of the charity's trustees those matters which we are required to include in an auditor's report addressed to them. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

Respective Responsibilities of Trustees and Auditors

The trustees' responsibilities for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Trustees' Responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Trustees' Report is not consistent with the financial statements, if the charity has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit, or if information specified by law in respect of trustees' remuneration and other transactions is not disclosed.

We read the Trustees' Annual Report and consider the implications for our report if we become aware of any apparent misstatements within it. We read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. This other information comprises only the Trustees' Report and the reports of the President, Academic Dean, Directors of Assessment, Training and Professional Development, Registrar, Director of Communications, Chief Executive, Treasurer and Board Representatives for Scotland, Wales, Northern Ireland and Specialist Registrars. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of Audit Opinion

We conducted our audit in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity's circumstances, consistently applied and adequately disclosed.

We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements:

- give a true and fair view, in accordance with the United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 31 December 2005 and of its incoming resources and application of resources of the charity for the year then ended; and
- have been properly prepared in accordance with the Charities Act 1993.

Devonshire House
60 Goswell Road
London EC1M 7AD
Date: 28 April 2006

Kingston Smith
Chartered Accountants
and Registered Auditors



The public interest in medical standards and doctors' fitness to practise remains undiminished and the Government has indicated that the health of the working age population is a priority in both its public health white paper and its welfare reform green paper.

— Paul Litchfield, Treasurer



Statement of financial activities

Year ended 31 December 2005

	Notes	Unrestricted funds		Restricted Funds £	Total 2005 £	Total 2004 £
		Designated Funds £	General Funds £			
Incoming resources						
Donations						
Grants received	2	–	–	56,314	56,314	72,709
Donations	2	–	150	1,432	1,582	3,306
Gifts in kind	2	–	6,000	–	6,000	–
Activities to further the charity's objects						
Subscriptions		–	311,834	–	311,834	283,336
Qualification fees		–	150,709	–	150,709	142,605
Publications		–	9,229	–	9,229	16,207
Other income		–	20,699	–	20,699	16,431
Conferences and events		–	29,734	–	29,734	109,055
Investment income and interest						
Bank interest		–	12,654	2,353	15,007	11,811
Investment income		9,329	–	–	9,329	8,520
Total incoming resources		9,329	541,009	60,099	610,437	663,980
Resources expended						
Costs of activities in furtherance of the charity's objects						
	3	2,902	151,416	67,888	222,206	293,143
Membership support costs	4	–	245,990	5,262	251,252	288,524
Management and administration	5	–	92,749	–	92,749	107,572
Total resources expended		2,902	490,155	73,150	566,207	689,239
Net (outgoing)/incoming resources for the year		6,427	50,854	(13,051)	44,230	(25,259)
Other recognised gains						
Unrealised gain on investments	9	50,622	–	–	50,622	18,989
Net movements in funds for the year before transfers		57,049	50,854	(13,051)	94,852	(6,270)
Transfers between funds		–	(3,700)	3,700	–	–
Net movements in funds for the year		57,049	47,154	(9,351)	94,852	(6,270)
Funds as at 1 January 2005		285,840	130,684	110,733	527,257	533,527
Funds as at 31 December 2005		342,889	177,838	101,382	622,109	527,257

All income has been generated from continuing operations.

All recognised gains are included in the Statement of Financial Activities.

Balance sheet

31 December 2005

	Note	2005 £	2004 £
Fixed Assets			
Tangible fixed assets	8	2,785	5,225
Investments	9	<u>342,889</u>	<u>282,788</u>
		345,674	288,013
Current Assets			
Stocks	10	17,653	16,114
Debtors	11	82,812	49,092
Cash on deposit		315,763	301,603
Cash at bank and in hand		<u>28,195</u>	<u>21,690</u>
		444,423	388,499
Creditors:			
Amounts falling due within one year	12	<u>(167,988)</u>	<u>(149,255)</u>
Net Current Assets		<u>276,435</u>	<u>239,244</u>
Net Assets		<u>622,109</u>	<u>527,257</u>
Represented by:			
Unrestricted funds			
General funds		177,838	130,684
Designated funds	14	<u>342,889</u>	<u>285,840</u>
		520,727	416,524
Restricted funds	15	<u>101,382</u>	<u>110,733</u>
Total funds	16	<u>622,109</u>	<u>527,257</u>

Approved by the Trustees on 5 April 2006 and signed on its behalf by:

Treasurer Dr P Litchfield FRCP FFOM

President D C Snashall Msc FRCP FFOM LLM

Notes to the Financial Statements

Year ended 31 December 2005

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 – 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 2005.
- (g) **Pensions**
Contributions are made on behalf of certain employees into their individual personal pension plans. Amounts are charged to the Statement of Financial Activities as incurred.
- (h) **Funds**
Unrestricted general funds are funds which the Trustees 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 Grants and donations received

	Total 2005 £	Total 2004 £
Grants received		
Department of Health – Training grant	18,114	3,024
BT – Annual Report	2,500	2,500
DWP – Health and Work Handbook	10,000	–
– Fitness for Work	20,000	–
Colt Foundation – Silver Jubilee grant	–	2,000
The Society of Occupational Medicine – Donald Hunter Lecture	3,700	–
EEF- HAVS	–	20,000
British Occupational Health Research Foundation – HAVS	–	25,185
Corporate Health – The Mobbs Travelling Fellowship	–	20,000
ATOS Origin – Annual Dinner	2,000	–
	56,314	72,709
Donations		
Wilf Howe Fund (various donations)	1,432	3,306
Astra Zeneca	150	–
	1,582	3,306
Gifts in kind		
BT – Annual Reception for volunteers	2,500	–
Royal Mail – Trustees Away day	3,500	–
	6,000	–

3 Activities in furtherance of the charity's objects

	Unrestricted £	Restricted £	Total 2005 £	Total 2004 £
Qualification and training costs	47,573	20,798	68,371	56,417
Journal and annual report costs	71,725	–	71,725	82,650
Publication costs	–	8,838	8,838	59,991
Meeting costs	28,204	–	28,204	30,140
Research fellowship	3,280	26,252	29,532	5,103
Conferences and events	3,536	12,000	15,536	58,842
	154,318	67,888	222,206	293,143

Notes to the Financial Statements

Year ended 31 December 2005

4 Membership support costs

	Unrestricted £	Restricted £	Total 2005 £	Total 2004 £
Salaries and office costs	219,859	1,332	221,191	257,158
Subscriptions	9,849	3,930	13,779	13,809
Premises costs	16,282	–	16,282	17,557
	245,990	5,262	251,252	288,524

5 Management and administration

	Unrestricted £	Restricted £	Total 2005 £	Total 2004 £
Salaries and office costs	55,298	–	55,298	64,289
Audit	4,000	–	4,000	4,377
Amounts paid to auditors for other services	2,503	–	2,503	800
Accountancy	6,273	–	6,273	7,063
Financial costs	2,218	–	2,218	2,395
Insurance	13,173	–	13,173	11,928
Premises costs	4,070	–	4,070	4,389
Meeting costs	2,774	–	2,774	1,628
Depreciation	2,440	–	2,440	10,703
	92,749	–	92,749	107,572

6 Remuneration of trustees

The Trustees did not receive remuneration or any benefits during the year for their services (2004: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £6,113 (2004: 16 Trustees – £8,661).

7 Staff costs

	2005 £	2004 £
Wages and salaries	196,186	209,662
Social security costs	20,867	22,015
Pension costs	9,749	11,765
	226,802	243,442
	7	7

The average number of employees during the year was:

The emoluments of one member of staff, including benefits in kind, were within the range of £50,000 to £59,999 (2004: the same).

The pension contributions made for that member of staff amounted to £3,733 (2004 – £5,100).

8 Tangible fixed assets

	Fixtures and fittings £	Office equipment £	Total £
Cost			
At 1 January 2005 and 31 December 2005	14,331	29,761	44,092
Depreciation			
At 1 January 2005	12,064	26,803	38,867
Charge for year	1,140	1,300	2,440
At 31 December 2005	13,204	28,103	41,307
Net book value			
At 31 December 2005	1,127	1,658	2,785
At 31 December 2004	2,267	2,958	5,225

9 Investments

	2005 £	2004 £
Quoted investments		
At 1 January 2005	282,788	255,429
Additions	9,479	8,370
Unrealised gain on revaluation of investments	50,622	18,989
At 31 December 2005	342,889	282,788
Historical cost	250,000	250,000

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

Notes to the Financial Statements

Year ended 31 December 2005

10 Stocks

	2005	2004
	£	£
Stocks comprise:		
Publications for resale	17,653	16,114

11 Debtors

	2005	2004
	£	£
Accrued income	60,081	25,789
Other debtors	5,880	9,257
Prepayments	16,851	14,046
	82,812	49,092

12 Creditors

	2005	2004
	£	£
Amounts falling due within one year:		
Trade creditors	14,913	6,932
Accruals	51,906	49,038
Deferred income – examination fees received in advance	15,240	11,384
– subscriptions in advance	79,884	71,593
Tax and social security due (PAYE)	6,045	8,548
VAT due	–	1,760
	167,988	149,255

13 Deferred income

	Examination		Total
	fees	Subscriptions	£
	£	£	
Balance at 1 January 2005	11,384	71,593	82,977
Amount released to incoming resources	(11,384)	(71,593)	(82,977)
Amount deferred in the year	15,240	79,884	95,124
Balance at 31 December 2005	15,240	79,884	95,124

14 Designated Funds

	As at 1 January 2005 £	Incoming Resources £	Gains on investments £	Resources expended £	As at 31 December 2005 £
Capital fund	282,938	9,329	50,622	–	342,889
Examiner training	2,902	–	–	(2,902)	–
	285,840	9,329	50,622	(2,902)	342,889

The Capital Fund was designated in 2000 and represents an amount equivalent to the value of the investment portfolio. 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. The fund was all spent in the year.

15 Restricted funds

	As at 1 January 2005 £	Incoming Resources £	Interest allocation £	Resources expended £	Transfers Between Funds £	As at 31 December 2005 £
Good Practice Guidelines Funds						
Esso Publications Fund	13,924	–	333	–	–	14,257
UNUM Fund	6,364	–	152	–	–	6,516
DWP – Health and Work handbook	–	10,000	–	10,000	–	–
– Fitness for Work	–	20,000	–	11,000	–	9,000
Lecture Funds						
Donald Hunter Lecture	2,715	3,700	108	–	3,700	10,223
Ernestine Henry Lecture	2,537	–	61	–	–	2,598
Esso Research Fellowship Funds	62,796	–	1,176	27,100	–	36,872
William Taylor Memorial Fund	3,194	–	74	184	–	3,084
Shell Fellowship	776	–	19	–	–	795
Department of Health – Training grants	–	18,114	–	18,114	–	–
BT Annual Report	–	2,500	–	2,500	–	–
Wilf Howe Fund	3,347	1,432	95	144	–	4,730
Mobbs Travelling Fellowship	15,080	–	335	2,108	–	13,307
Atos Origin – Annual Dinner	–	2,000	–	2,000	–	–
	110,733	57,746	2,353	73,150	3,700	101,382

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

UNUM Fund provides resources to fund the production of advice on rehabilitation.

Department for Work and Pensions (DWP) provided funds to publish the Health and Work Handbook which was published in 2005. Funds were also provided towards the cost of the Fitness for Work Publication.

Donald Hunter Lecture provides funds for the costs incurred in connection with a biennial lecture given in his memory. The transfer of £3,700 from general reserves represents matched funding contributed by the Faculty in support of this fund.

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

Esso Research Fellowship Fund comprises a number of annual donations, received up to 2001, which have been pooled to fund one or more projects. The trustees continue to assess applications for suitable projects to fund.

The William Taylor Memorial Fund is for a specific award.

Notes to the Financial Statements

Year ended 31 December 2005

15 Restricted funds (continued)

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.

BT provided a grant as a contribution towards funding the Faculty's Annual Report.

Wilf Howe fund was set up to provide a memorial to Dr Wilf Howe.

Mobbs Fellowship Fund was set up to provide travelling fellowships.

ATOS Origin provided funds towards the Annual Dinner.

16 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	–	2,785	–	2,785
Investments	342,889	–	–	342,889
Net current assets	–	175,053	101,382	276,435
	342,889	177,838	101,382	622,109

17 Operating lease commitments

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

	2005 £	2004 £
Leases which:		
Expire between 2 and 5 years (office equipment)	915	915
Expire between 2 and 5 years (land and buildings)	2,108	–
Expire after 5 years (land and buildings)	–	2,108
	3,023	3,023

18 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.



Work matters – it can help to improve your health, reduce health inequalities and offer improved opportunities...The health and well-being of people of working age is therefore of fundamental importance to our future and we are committed to bringing about a real and sustained improvement in this area.

– HM Government: *Health, work and well-being – caring for our future* (2005)

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

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