

Trustees' Annual Report and Accounts

2007



fom
Faculty of Occupational Medicine
of the Royal College of Physicians

Mission Statement


Our mission

Our aim is for healthy working lives through:

- elimination of preventable injury and illness caused or aggravated by work
- maximising people's opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
- access for everyone to advice from a competent occupational physician as part of comprehensive occupational health and safety services

The charitable objects of the Faculty of Occupational Medicine

The objects of the Faculty 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
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Introduction from the President



This has been a year of significant developments for the Faculty.

One huge central change has been the development and introduction of the new curriculum and assessment framework for specialist training in occupational medicine. We embarked on this task some five years ago, with a review of competencies, the content of the curriculum and the way in which

competence should be assessed. I cannot stress enough how much we are indebted to the many members who contributed to this large and complex piece of work, led initially by Professor John Harrison, in his period as Academic Dean, and latterly by Professor Keith Palmer, who became Academic Dean in 2007.

The curriculum went live in August 2007 and our current task is to ensure smooth implementation. We are working on the new examinations and have already provided one round of training on the new workplace-based assessments.

Another milestone which marked 2007 was the publication of the fourth edition of the Faculty's seminal publication, *Fitness for Work*. In 29 chapters and seven appendices, this book covers all the major topics of occupational health, including rehabilitation, ethics, mental health, ill-health retirement, disability and screening. My thanks go to the many contributors and especially to the three co-editors, as well as to the Department for Work and Pensions (DWP), for its support of this publication. Since work is an integral part of most patients' lives, we think this book should be on the shelf of every doctor!

The need for all doctors to have some understanding of the inter-relationship between work and health has constituted the thrust of our work with DWP this year. We have been discussing with DWP ways in which we might introduce a greater awareness of health and work issues into other specialties, especially general practice. As is outlined in this report, there has been some good progress on this and we have plans in place for further work.

Another significant achievement of 2007 has been the establishment of the Occupational Health Clinical Effectiveness Unit. Established in conjunction with the Royal College of Physicians, this unit is commissioned and funded by NHS Plus. We see this as an encouraging step towards creating a much needed evidence base to underpin occupational health practice.

As I come up to my final few months as President, I must thank all those members and friends of the Faculty who have worked so tirelessly to make all this considerable body of work happen. I am aware that our members have day jobs and yet find time to give generously of their expertise to the Faculty. I am equally aware that employers are increasingly reluctant to have occupational physicians spend time on professional matters of this sort and I have made representations accordingly. We could not run our specialist training and our other educational work without members' and others' input, and I would like, on behalf of the Faculty, to record my thanks. I must also thank our small staff team in the office for all their support and

my fellow members of the Board and Executive Committee who put in many hours of their time to ensure that the Faculty is able to run smoothly and meet the many demands of these changing times.

Just as Dame Carol Black, the National Director for Health and Work, is publishing her review of the health of the working age population (to which the Faculty and the Society of Occupational Medicine provided major input), I shall be handing over the Presidency of the Faculty to Professor David Coggon in May 2008, which year will also mark our 30th anniversary. There are huge opportunities for occupational physicians in the wake of this review. As I stand down, I thank the Faculty membership for their support over the last three years and wish David well as he takes up the reins. Three years as President is long enough to move things on, to enjoy the challenges and meet new colleagues and short enough to allow sensible succession – and avoid burnout!

David Snashall
President

MESSAGE FROM THE PRESIDENT-ELECT



As President-Elect, I should first thank David Snashall for the calm and authoritative leadership that he has given to the Faculty over the past three years. We have had to respond to major changes during his term, particularly in relation to specialist training, but he has kept us on a steady course throughout.

Looking to the future, I see great opportunities to develop our role further. There are major decisions to be made about how occupational health care should be delivered nationally and, working with the Society of Occupational Medicine, we should be leading the debate. As part of this, I think the time is right to explore the development of standards and a system of voluntary accreditation for occupational health providers, again working with other stakeholders. The growing number of new medical graduates offers us a chance to increase recruitment of talented trainees, and we need to ensure that final-year medical students are aware of the varied and rewarding careers that are available in our specialty. And we should capitalise on the new revisions to the regulations for Membership of the Faculty to promote training opportunities for occupational physicians in countries that do not have a standard-setting body of their own. At the same time, we should work with other Colleges and Faculties to ensure that emerging arrangements for revalidation and recertification of doctors in the UK are beneficial for the public, fair for doctors, and cost-effective.

Most important, occupational physicians should be clear about and proud of the contribution that they make to society, both through their individual practice and through the work of the Faculty and Society.

David Coggon
President-Elect

Board, Officers, other key appointments and advisers

The Board and Charity Trustees

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. Except where indicated, the following all served in office throughout 2007:

Dr David Snashall	President
Professor David Coggon	President-Elect (from 1 November 2007)
Professor Raymond Agius	Universally elected member (to 24 May 2007)
Dr Ian Aston	Elected representative of Regional Specialty Advisers
Dr Lisa Birrell	Universally elected member (to 24 May 2007)
Professor Sherwood Burge	RCP Representative
Professor David Coggon	Universally elected member (to 31 October 2007)
Dr Geoff Denman	Elected representative of Wales
Professor Ian Gilmore	RCP President
Dr Peter Graham	Lay representative (nominated by CBI)
Dr Ali Hashtroudi	Elected representative of Specialist Registrars (from 24 May 2007)
Dr Ray Johnston	Universally elected member
Dr Alastair Leckie	Elected representative of Scotland
Dr Philip McIlroy	Universally elected member (from 1 November 2007)
Dr Jayne Moore	Elected representative of Specialist Registrars (to 7 March 2007)
Dr Paul Nicholson	Universally elected member
Mr Hugh Robertson	Lay representative (nominated by TUC)
Dr Chris Sharp	Universally elected member (from 24 May 2007)
Dr Delia Skan	Co-opted representative of Northern Ireland (to 24 May 2007)
Dr Andy Slovak	Universally elected member
Dr Julia Smedley	Universally elected member (from 24 May 2007)
Dr Martin Tohill	Elected representative of Northern Ireland (from 24 May 2007)

Officers

Except where indicated, the following held office throughout 2007:

Dr Olivia Carlton/Dr Lisa Birrell	Registrar (Deputy President) (to/from 24 May 2007)
Professor John Harrison/ Professor Keith Palmer	Academic Dean (Deputy President) (to/from 24 May 2007)
Dr Simon Sheard	Treasurer
Dr Martyn Davidson/ Col Jeremy Owen	Director of Training (to/from 1 October 2007)
Dr Dil Sen	Director of Assessment
Dr Jacques Tamin	Director of CPD
Professor Kevin Holland-Elliott	Director of Communications
Ms Nicky Coates	Chief Executive

Other key appointments

Dr Charlie Wilcock	Deputy Director of Training
Dr David Brown	Deputy Director of Assessment
Dr Jacques Tamin	Chief Examiner AFOM
Dr Steve Boorman	Chief Examiner DOccMed
Dr Moira Henderson	Chief Examiner DDAM
Air Cdre Tony Batchelor/ Gp Capt David Gradwell	Chief Examiner DAvMed (to/from 1 May 2007)
Dr Adele Pilkington/ Dr Rob Thornton	Chief Examiner Internal Assessment/ Research Methods (to/from 1 May 2007)
Dr Keith Pilling	Chief Examiner Accredited Courses and Qualifications
Dr John Cartwright	Chief Examiner Quality Management
Dr Anil Adishes	Chief Examiner Workplace-Based Assessments
Dr Rob Thornton	Conference Secretary (to 24 May 2007)
Dr Dipti Patel	Public Relations
Dr Chris Sharp	Sponsorship Co-ordinator

Principal Advisors

Bankers:

Lloyds TSB
190 Great Portland Street
London
W1A 4LN

Bank of Scotland International Limited
231-233 New Street
St Helier
Jersey
Channel Islands
JE4 8YW

Solicitors:

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

Accountants:

haysmacintyre
Fairfax House
15 Fulwood Place
London
WC1V 6AY

Auditors:

Kingston Smith LLP
Devonshire House
60 Goswell Road
London
EC1M 7AD

Reference and Administrative Information

The Faculty of Occupational Medicine was set up under Standing Orders adopted on 1 March 1978 and registered with the Charity Commission under charity number 1035415. Its principal address is:

6 St Andrews Place
Regent's Park
London
NW1 4LB
www.facocmed.ac.uk

The Board of Trustees and executive officers are listed on page 5. Particulars of the Faculty's professional advisers are given above.

The Faculty Board presents its annual report for the year ended 31 December 2007 under the Charities Act 1993, together with the audited accounts for the year, and confirms that these 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 for Charities" issued in 2005.

Structure, Governance and Management

Governing Document

The Faculty is governed by its Standing Orders dating from 1978 and last amended in May 2005.

Constitution

The Faculty's constitution is set out in its Standing Orders.

Recruitment and Training of Board members

Under the current Standing Orders, with the exception of the President of the Royal College of Physicians (or his nominee), one other College representative and the lay members, members of the Board are elected by various sections of the membership in accordance with the Standing Orders and serve on the Board until the third Annual General Meeting following the one at which their election is announced. Elected members may not serve for more than two consecutive elected terms and are ineligible for re-election until a period of one year has elapsed.

New trustees are inducted into the workings of the Faculty through the issuing of a trustee handbook (currently under revision), which includes relevant Charity Commission material, the Faculty's governance, structure, management, strategy and key policies. Trustees are updated through Charity Commission newsletters and through periodic refresher sessions on such topics as the role of trustees. A session at the annual Board Away-Day is usually devoted to trustee training.

Organisational management

The Faculty Board, as the charity trustees of the Faculty, is legally responsible for the overall management and control of the Faculty and meets quarterly.

The work of implementing most of its policies is carried out by the Officers of the Faculty, who form the Executive Committee and have delegated authority to deal with the business of the Faculty between meetings of the Board, and report such actions to the Board. With the exception of the President, who is elected and a trustee, the Faculty Officers are appointed in accordance with Standing Orders. After an initial three years of service, the period of office for each Officer may be extended annually (for an unlimited number of extensions) if the Board so decides. The Executive Committee usually meets eight times a year, in the months that the Board does not meet, and is chaired by the Registrar.

The other principal committees are the Fellowship Committee, the Ethics Committee and the Clinical Excellence Awards Committee. The Board may establish other committees or working groups as may seem desirable. Committees may set up Subcommittees, which in turn may set up Working Groups (for short-term tasks) and Advisory Groups (for longer-term tasks). Each of these defined groups reports regularly to its 'parent' group against the Faculty's annual activity plan and the annual risk assessment carried out by the Board, in accordance with SORP.

Proposals for Subcommittees and Working Groups have to be made in writing by the parent Committee/Subcommittee to the Executive Committee and funding is only provided for groups established in this way. Wherever possible, proposals are required sufficiently far in advance to allow for inclusion in the annual budget cycle. The Executive Committee formally reviews the output of all Subcommittees and Working Groups at least annually and

determines whether their continuance is justified.

There are currently four active Subcommittees reporting to the Executive Committee.

All Officer vacancies (apart from the President, which is covered elsewhere) and key appointments are advertised to the membership and appointment is by open competition. Recommendations for appointments are made by panels of the Board, which include a lay member, and are for the Board's approval. With the increasing workload of the Faculty, Deputies to Officers are appointed where required.

Risk Management

The Board is responsible for the management of the risks faced by the Faculty and has a formal risk management policy to assess business risks and implement risk management strategies. This involves identifying the types of risks facing the charity, prioritising them in terms of potential impact and likelihood of occurrence and identifying means of mitigating the risks. Detailed consideration of risk is delegated to the Executive Committee. A formal review of the charity's risk management processes is undertaken on an annual basis by the trustees, and the Executive Committee reviews progress on the additional action required to mitigate the major risks.

The key controls used by the charity include:

- formal agenda for all Committees and Board meetings
- detailed terms of reference for all Committees
- strategic planning, budgeting and management accounting
- established organisational structures and lines of reporting
- formal written policies, and
- clear authorisation and approval levels.

The Trustees are pleased to report that provisions are in place to mitigate the risks considered to be potentially the most major. It is recognised that systems can only provide reasonable but not absolute assurance that major risks have been adequately managed.

Objectives and Activities

Charitable objects

The Faculty's objects, as set out in its Standing Orders, 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.

Objectives for the year

For the purposes of this report, the objectives for 2007, together with impact reports are set out under the following five headings: external work; policy, publications and events; education and training; professional development; and membership. Objectives for 2008 are set out on page 15.

External Work

Contributing to the Government's Health and Work Agenda

The President of the Faculty has continued his work as a member of the Government's Health and Work Advisory Group, the Department of Health's Emergency Preparedness Clinical Leadership Advisory Group, the Council of the Royal College of Physicians of London, the Academy of Medical Royal Colleges of the UK, the NHS Lifecheck Board, the Scottish Intercollegiate Guidelines Network, the Core Technical Advice Group of the Health of Health Professionals' initiative and the Alcohol Health Alliance and as Chair of the Health and Safety Executive's Research Ethics Committee.

During the year he has met with, amongst others, the Chief Executive and the Chief Scientist of the Health and Safety Executive, the new Chairman of the Health and Safety Commission, the Irish Faculty of Occupational Medicine, Sir John Tooke (to give evidence about the impact of Modernising Medical Careers (MMC) and the Medical Training Application Service (MTAS) on occupational medicine), visiting occupational physicians from New Zealand and the Middle East, NHS Plus, the Surgeon-General of the Ministry of Defence, the Society of Occupational Medicine, the National Institute for Clinical Excellence, the Occupational Health Clinical Effectiveness Unit and Ms Clare Chapman, Director-General of Workforce for the NHS. He has also met with the Secretaries of State for Health and for Work and Pensions, Alan Johnson and Peter Hain, and Lord McKenzie, Minister responsible for Health and Safety, as well as Lord Darzi and Ms Dawn Primarolo, Ministers for Health. He represented the Faculty in compiling the Consensus Statement on Health and Work by Health Professionals recently launched by Dame Carol Black. Internationally he has done work in Spain (with the European Agency for Safety and Health at Work in Bilbao), in Namibia for the Chamber of Mines and in Singapore for the Ministries of Health and Manpower.

Developing occupational health awareness in general practice and secondary care

Occupational medicine is a relatively small specialty in the UK. There are fewer than 1000 working specialists – 582 fully qualified and a further 332 partly qualified. Given a UK working population of over 30 million, it is unrealistic for all working adults to have immediate access to an occupational physician. Recognising this, the Faculty has devoted energy not only to encouraging new recruits into the specialty, but also to embedding occupational health awareness into employers, general practice and other specialties, with a view to creating a wider base of knowledge and expertise.

The Faculty has worked with the Royal College of General Practitioners (RCGP) on a Department for Work and Pensions (DWP) funded project to develop half day basic awareness-raising sessions on occupational health for general practitioners (GPs); this has been successfully piloted.

A number of other projects have been under discussion with DWP and it is hoped that these will come to fruition in 2008. This has comprised projects to:

- develop training modules for GPs at a higher level than basic awareness
- plan, with RCGP, the creation of a cohort of GPs with particular

expertise in occupational health

- consider, with the Academy of Medical Royal Colleges, the potential for embedding occupational health competencies into a wide range of other specialties.

The Faculty has also progressed work to raise awareness of occupational health with medical undergraduates, in partnership with DWP. There is now a bank of training materials for medical schools available on the Faculty website and there are plans, for 2008, to develop a band of champions, who will encourage and support occupational health teaching to medical undergraduates.

Work with other bodies

The Faculty has also worked with a range of other organisations including the Society of Occupational Medicine, the British Medical Association, the Faculty of Public Health and the constituent members of POOSH (Professional Organisations for Occupational Safety and Health), the administration of which the Faculty took over in 2007, jointly with the Society of Occupational Medicine. The Faculty has representatives on many other bodies. A full list of representatives can be found in Annex 2 of this report, together with their reports and those from the constituency-elected trustees (although this annex does not itself form part of the Trustees' Report). These bodies include the Academy of Medical Royal Colleges, the European Union of Medical Specialists Section of Occupational Medicine and the National Patient Safety Agency.

Objectives for 2007:

- Continue to work with Government on health and work groups and projects
- Progress work on occupational health awareness for GPs and other specialties
- Produce a bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing educational and good practice work with colleagues overseas

Impact:

- The work with Government operated on a number of fronts, as set out above
- One project for GPs has been progressed through to pilot stage, with another in the planning stage
- The bank of training material has been created and this project is now further developing, with plans for champions to cascade the message
- Overtures have been made to occupational health nursing with a view to shared practice and training

Policy, Publications and Events

Position papers

Over the last five years there has been growing concern about the health and wellbeing of migrant workers in the UK, with awareness being raised by high profile incidents such as the deaths of 21 cockle-pickers in Morecambe Bay in 2004. The Faculty has established a working group to consider the health of migrant workers, with a view to publishing a position paper, with recommendations for improvements to policy and practice. The draft paper which has been produced is to be sent to other relevant bodies for comment and endorsement, and then published in 2008.

Publications

Since its first edition, published in 1988, the Faculty's seminal publication, *Fitness for Work*, has grown to become the UK's 'bible' of occupational health. In 2007, the Faculty published the fourth edition; this new edition reflects significant developments in legislation and new guidelines, and changes in the information requirements of those working in the field. *Fitness for Work* was launched at conferences, in London in February, and in Edinburgh, jointly with the Scottish group of the Society of Occupational Medicine, in September.

In the autumn of 2007 the Faculty published a new careers leaflet for occupational medicine, for the BMJ medical careers fair, where the Faculty had a stand. Members helped to staff the stand and answered hundreds of enquiries over the two days.

Conferences

The Faculty's Annual Scientific Meeting in May was opened by an address from Geoffrey Podger, Chief Executive of the Health and Safety Executive, and the programme included sessions on chronic fatigue syndrome, work-related stress and the new Occupational Health Clinical Effectiveness Unit.

The Faculty's London conference in February was opened by the Chief Medical Adviser to the Department for Work and Pensions, Dr Bill Gunnyeon, with the programme including the Disability Discrimination Act, motherhood and work, and mental health problems at work. The Edinburgh conference in September encompassed diabetes, rehabilitation and sleep disorders.

Occupational Health Clinical Effectiveness Unit

In April, the new Occupational Health Clinical Effectiveness Unit came into existence. This was an exciting development for occupational health, where there has been a lack of evidence to support many of the day-to-day activities of health care professionals. Established by the Royal College of Physicians, in partnership with the Faculty, and commissioned and funded by NHS Plus, this unit plans initially to produce evidence-based guidelines on upper limb disorder and dermatitis and to conduct audits on the management of lower back pain and depression.

Consultations

One of the major occupational health consultations of 2007 was the 'Call for Evidence' from Dame Carol Black, National Director for Health

and Work. Dame Carol had been commissioned by the Secretaries of State for Health and for Work and Pensions to undertake the first ever review of the health of Britain's working age population. The Faculty submitted a substantial response with a series of recommendations on occupational health services.

This response was submitted in conjunction with the Society of Occupational Medicine, as was the response to the consultative document on the potential merger of the Health and Safety Commission and the Health and Safety Executive. The thrust of the response was to support in principle this merger.

Objectives for 2007:

- Publish the fourth edition of *Fitness for Work*
- Run launch conferences for *Fitness for Work* in London and Edinburgh
- Run an Annual Scientific Meeting
- Establish, in conjunction with the Royal College of Physicians, an occupational health clinical effectiveness unit
- Produce updated guidance on the management of back pain
- Publish *Good Occupational Medical Practice*
- Consider the need for a publication on quality and audit
- Produce a new careers leaflet
- Respond to consultation documents, and contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)

Impact:

- The first five aims were achieved, as set out above
- The updated guidance on the management of back pain was not pursued because of similar work already being undertaken elsewhere
- *Good Occupational Medical Practice* has been written but not published. Publication has been delayed until the General Medical Council has published its revised generic, *Good Medical Practice*. In the meantime the draft version is to be posted on the members' section of the website for comment
- It has been agreed that the quality and audit document should be a priority for the planned Clinical Governance Subcommittee, which will be established when resources allow
- Responses have been made to consultation documents, as set out above. In addition, the Faculty has been represented at NICE stakeholder groups

Education and Training

2007 was dominated by negotiations with the Postgraduate Medical Education and Training Board (PMETB) on the new curriculum and assessment frameworks, and with their implementation and the numerous changes to specialist training necessitated by outside forces and the Faculty's own plans. 2007 was also the year in which the *Gold Guide* (the over-riding framework for specialty training) went live, and that in which the Medical Training Application Service (MTAS) went disastrously wrong. The Faculty's progress against this backdrop has been constrained by events outwith its control. Nonetheless, a huge amount has been achieved in a little time.

The Faculty's strategy

The new **curriculum** for higher specialist training, which lays out the core competencies of the specialist under the headings of *Good Medical Practice*, is rooted in a well-established training paradigm. The main advance is one of added focus on professional values, attitudes and behaviours, including evidence-based practice – soft but essential competencies for specialists in modern occupational medical practice.

These important curricular changes will be underpinned by **revised assessment methods**. The Faculty is replacing one centrally administered examination (AFOM - Associateship of the Faculty of Occupational Medicine) with two (Part 1 and Part 2 Membership), revising its arrangements to assess the research dissertation, and introducing new on-the-job workplace-based assessments. The changes require new Membership Regulations. Some key principles are highlighted below.

Part 1 MFOM (Membership of the Faculty of Occupational Medicine) examination – This is being introduced as an initial check on the fitness of trainees to progress to the second year of their training. The aim is to identify at an early stage, the few trainees who struggle to acquire new knowledge, and to equip others with foundation information.

Part 2 MFOM examination – This will be based in terms of learning content and syllabus on the existing AFOM examination, and will assess a similar range of factual information and competencies. However, the assessment methods are being refined to improve the reliability and relevance of the examination. MCQ (Multiple Choice Question) papers, for example, will replace vivas, and so-called OSPEs (Objective Structured Practical Examinations) will provide a more occupationally relevant test of practice.

Workplace-based assessments – Traditionally, the assessment of trainees has emphasised written examinations – tests of what an individual knows, rather than what they do. Historically supervisors have signed up trainees as being 'competent' by informal means, with ad hoc arrangements for gaining appropriate experience and on-the-job training. Workplace-based assessments (WBAs) are on-the-job assessments of day-to-day performance which mirror the practices of good trainers – sitting in on trainee consultations, discussing problem cases, checking over a sample of correspondence, and helping them to plan a set of learning objectives. Whilst the old curriculum encouraged these activities, the new system makes them a formal requirement and provides a structure for their conduct, recording and use, including regular

feedback to trainees from senior colleagues. Because they are on-the-job, WBAs will be conducted locally, usually by supervisors, and the Faculty's strategy is to equip supervisors with the tools they need. External assessors in WBAs, newly appointed by the Faculty, will assist with refinement of the tools and will provide quality assurance checks on them. The strategy recognises that WBAs are developmental tools and will take time to bed in.

Research competencies – The curriculum continues to identify competencies in research methods as an ingredient of specialist training, and the requirement to submit evidence of this in the form of a dissertation, published research, or the thesis of a university will be retained. The scope of admissible submissions is being broadened to encompass substantial works of audit. Procedures are being streamlined and the Faculty is in dialogue with colleagues in academia about improving support to stakeholders.

Educational supervision – Two significant changes to supervision have been required as a result of external pressures, curricular change, and the Faculty's vision of future needs – the introduction of WBAs as training aids, and the obligation for trainers themselves to be trained (a view endorsed by the General Medical Council). Although quality assurance of training is a deanery responsibility, the Faculty is assisting through web advice to supervisors on cost-effective "training the trainer" resources. Consideration was given to splitting the roles of educational and clinical supervisor – as in some other specialties – with the addition of an extra tier of supervisors above trainers. The Faculty recognised theoretical advantages in this arrangement, but concerns over a shortage of manpower led to a reappraisal of policy in 2007, the preference now being to develop enhanced support for the existing complement of trainers.

Recruitment – When MMC (Modernising Medical Careers) established a national system, MTAS, to recruit all trainees through one central process, the Faculty arranged for the two-thirds of occupational medicine posts outwith the NHS to be recruited directly. In hindsight this decision spared trainees most of the heartache experienced by applicants to other disciplines. However, the Faculty remains concerned going forwards about recruitment to NHS training posts. A pressure on vacancies in occupational medicine will arise in deaneries that are committed to offering trainees run-through training. The Faculty is working with the lead dean for occupational medicine to optimise arrangements for applicants and as far as possible to encourage an open equitable process.

Implementation

The following key milestones were achieved during 2007:

- In the first part of 2007, proposals for the new curriculum and assessment framework were submitted to PMETB and representations made to their evaluation panels.
- In July, the new curriculum was officially approved and went live in August. Options for flexible entry to training were secured in late negotiations, as well as an agreement to fairly recognise experience in educational posts predating PMETB's establishment
- In August, revised model person specifications and Article 14 guidelines were prepared, to match approved changes to the curriculum.
- In September, the new assessment framework and "blueprint"

were approved by PMETB.

- A communication strategy was launched in the autumn, alerting stakeholders to emerging details of implementation. Several question and answer sheets were advertised and posted in a web repository.
- In December, the guidelines and process paperwork for WBAs became publicly available, following piloting earlier in the year and considerable developmental work. A stakeholders' familiarisation workshop was staged in London, with another fixed for Manchester in January 2008.
- Also in December, the Faculty advertised for External Assessors in WBAs (these new positions will be piloted in several deaneries in 2008).
- A new framework for the dissertation was agreed in December. Consultation with academic stakeholders is underway.
- Essential details regarding transitional provisions and the relation of old to new style examinations were clarified in the autumn, laying the ground for the new examinations, advice to academic centres and candidates, and a revision of the MFOM regulations.
- In the second half of the year, the 150-page Specialty Training Handbook and the trainee's logbook were redrafted.

Going forwards into 2008, new MFOM regulations will be finalised and implemented. May will see the first sitting of the Part 1 MFOM, which will be based on the MCQ element of the existing Diploma in Occupational Medicine, with identical rules, a common question set and a common sitting for specialty trainees and non-specialists alike. Planning is underway for the Part 2 MFOM examination, the first diet of which will be offered in June 2010, and this work will occupy the AFOM Examination Advisory Group for the next few years.

2007 and 2008 are 'big bang' years for the implementation of changes that will affect the delivery of specialist training over the next decade. The Faculty remains heavily indebted to the many members listed in Annex 2 of this report who have assisted with this work, and also to the Education and Training staff, without whom such progress would be impossible. Much work still remains to be done, and members able and willing to volunteer to assist in the effort will be most welcome.

Article 14

Doctors who have not undertaken the traditional training route to specialist registration can apply for specialist registration by means of Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. This is also referred to as the Certificate of Eligibility of Specialist Registration (CESR). Doctors submit their applications to PMETB, which sends them to the relevant College or Faculty for evaluation.

The Faculty has therefore set up a panel of occupational physicians to evaluate these applications. In each of 2006 and 2007 the Faculty received only one application. However it is known that there will be more applications in 2008 and so more evaluators are being sought.

Hand Arm Vibration Syndrome (HAVS) Qualification

In 2005 the Faculty published a curriculum for a short course on Hand Arm Vibration Syndrome, leading to a qualification. The intention was that this should be different from other Faculty qualifications in that it would be open to other health care professionals and the

examination would be set and marked by the course centres.

It was considered that this might be the first in a possible series of short-course qualifications and so it was regarded as important that the model was fit for purpose. The Faculty set up a review group with the course centres which offer this course and it has now been agreed that there will be a number of changes including the establishment of a centralised, standardised method of setting examinations. Work on this continues and it is anticipated that this should come to fruition in 2008.

Objectives for 2007:

- Present a clear vision of the changes required to implement the new curriculum
- Set out the structural and procedural changes required for implementation of the curriculum
- Project-manage the changes to ensure effective and efficient use of available resources within the required timescale
- Appoint and train educational supervisors
- Develop workplace-based assessments, appoint Chief Examiner and train assessors
- Develop new Faculty specialist examinations and prepare for their administration
- Revise the arrangements for the dissertation
- Revise and distribute the specialty training handbook and prepare trainers for the new training arrangements
- Inform, prepare and support Regional Specialty Advisers
- Develop and maintain excellent communication links with deanery specialist training committees
- Maintain excellent communication links with PMETB, MMC and the Academy of Medical Royal Colleges' Specialty Training Committee
- Launch the new model of HAVS assessment and attendant changes
- Develop and maintain excellent working arrangements with the Society of Occupational Medicine to assist the delivery of training and assessment

Impact:

- All objectives have been met, with three provisos: the fully drafted Training Handbook will be distributed electronically in the coming year; the fourth objective has been restated as "to support the training of educational supervisors"; and useful progress has been made on this; and the new HAVS model is expected to go live in 2008

Further details of the Faculty's Education and Training programme can be found at www.facocmed.ac.uk/edtrain/index.jsp.

Professional Development

Participation in the Faculty's Continuing Professional Development (CPD) scheme

- In 2006, there were 435 CPD returns. There were 416 returns in 2005. This represents an increase of 4.5 % in participation by specialists, compared with the objective of increasing this participation rate by 15% for this year.
- There has been a steady increase over recent years in CPD participation, the number of returns being 257 in 2001, 292 in 2002, 340 in 2003 and 368 in 2004.
- However, this still means that we had only 74% participation in 2006 (71% in 2005), which is disappointing, as we would expect all our specialists to participate in our CPD scheme.

CPD and Revalidation

- It is clear that members will need to have evidence of adequate CPD as part of the revalidation process. The Faculty's certificate of participation, along with the regular audit undertaken, will no doubt provide the most robust evidence for adequate CPD.
- Whenever revalidation folders start to be assessed, it is expected that assessors will want to see evidence of adequate CPD for the previous five years. Therefore, to all intents and purposes, participation in the CPD scheme has been compulsory for this reason for some time.

Objectives for 2007:

- Increase participation in CPD by a further 15%
- Encourage members to recognise that CPD participation is becoming a mandatory, not a voluntary, activity
- Use information from CPD Form 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine and Royal Society of Medicine Occupational Medicine Section

Impact:

- CPD scheme participation increased by 4.5%
- This message about participation has been given on several occasions in e-newsletters and also reinforced by the President
- The use of the CPD form is ongoing through the Faculty's representation on the Society of Occupational Medicine's Educational Panel.

Membership

Occupational health is experiencing a high profile and occupational physicians are much in demand. Occupational medicine is a relatively small specialty in the UK, with fewer than 1000 working specialists, and so the Faculty sees it as part of its remit to grow the specialty, as well as to spread knowledge and awareness more widely about occupational health. With regard to growing the specialty, the Faculty now exhibits regularly at careers fairs and is also working with the Department for Work and Pensions to encourage the teaching of occupational health in medical schools. In 2007, we exhibited at a Health and Wellbeing at Work exhibition at the National Exhibition Centre, Birmingham, in February and at the London BMJ Careers Fair in October; members also exhibited at local venues.

With regard to the Faculty's membership criteria, many members have argued that it is inappropriate that doctors who trained outside the UK, and yet who are registered as occupational medicine specialists in the UK with the General Medical Council, are only able to affiliate to the Faculty, under current Standing Orders. This has been given careful consideration and the Board has decided to recommend to the membership that Membership *ad eundem* should be offered to such occupational physicians. The application process has yet to be determined but a proposal on the principle of admitting these doctors as members is to be put to the Annual General Meeting in May 2008.

2007 was the second year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf Howe, who died in 2003. The second Wilf Howe Memorial Prize for innovative practice was awarded to Colonel Jeremy Owen for his work on the assessment and validation of acclimatisation to a hot-dry climate in British Armed Forces personnel. Our thanks are due to Mrs Lyn Howe for her committed support of this prize.

The Mobbs Travelling Fellowship, which was created in 2003, has now been established in perpetuity, through the generosity of Corporate Health. In 2007, the winners were Dr Steve Iley, who travelled to Australia to review the provision of occupational medicine and, in particular, rehabilitation case management for the workers' compensation system in Australia, and Dr Reza Naghavi, who presented a paper to the 7th International ICOH Conference on Occupational Health for Health Care Workers in Vancouver in October, on occupational exposure to bloodborne viruses in four teaching hospitals in the UK.

Objectives for 2007:

- Produce a new careers leaflet, to encourage recruitment into the specialty
- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating Diplomates

Impact:

- The first three aims were fully realised
- Most affiliating Diplomates are GPs. The Faculty has embarked on a number of initiatives to improve training for GPs (see External Work). This will be related in due course to the Faculty's membership services for affiliating Diplomates, and for GPs in particular. This is a significant body of work however which is still in its early stages; it is anticipated that further progress on this will be reported in the next year's report

Finance Review

The format for the 2007 report is, as last year, determined by and compliant with the Statement of Recommended Practice 'Accounting and Reporting by Charities' (SORP 2005). One of the purposes of the revised SORP is to ensure greater transparency and accountability and to incorporate impact reporting, which is a new way of reporting for the voluntary sector.

The significant changes in postgraduate medical education detailed elsewhere in this report have continued to have a significant impact in terms of time and effort for Faculty staff, Officers and members, with attendant greater costs. However the Trustees are pleased to report an overall healthy position for the financial year 2007. The Faculty's income has increased by £33,000 to £735,000 whilst total net assets have increased by £102,000 to £885,000. The Faculty's charitable expenditure for 2007 was £575,000, which equates to 78% of the income, up 4% on 2006.

In 2006 a planned surplus of £44,000 realised an overall surplus of £72,000 on general funds. For 2007 the Trustees had agreed a balanced budget with a planned surplus of £11,000, which is very small in the context of a budget of around £700,000. In the event, the Trustees are pleased to report an overall surplus of £85,000 on general funds.

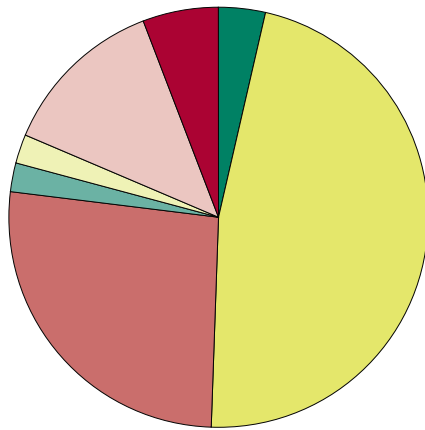
The surplus has been achieved despite there being no increase in training grants and, in 2007, less sponsorship. The surplus comes from a number of small but positive effects including above anticipated attendance at the London *Fitness for Work* Launch Conference and Annual Scientific Meeting, allied with excellent cost containment. Examination income has also exceeded anticipated income whilst costs have again been contained below budget

through the efforts of the Faculty staff and members. Our continued targeted approach to those whose subscription payments are late has been a success with another improvement in collection rates compared to previous years. In addition we have again challenged, with reasonable success, the various bodies whose subscriptions or fees we must meet, to demonstrate the need for any increase. Finally we have received a generous legacy from the estate of Dr P L Pelmeur.

Whilst this is a positive picture we remain very dependent on our "events" associated with sponsorship for a healthy budget balance. Activities in the next 12 months are anticipated to continue to be frenetic. We have applied for a grant from the Department of Health to support essential work but an answer is not expected until the outcome of Dame Carol Black's review is announced. In the meantime however we have decided to "invest" a proportion of the 2007 surplus into additional staffing support to begin the essential planning and co-ordination of this area of our 2008 activities.

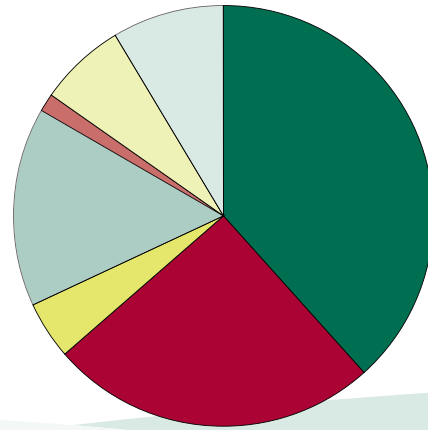
Reserves policy

The policy of the Trustees is to accumulate a free reserve equivalent to six months' expenditure. The free reserve will allow unexpected circumstances to be faced without the risk of financial ruin. At 31 December 2007, the Faculty's total reserves stood at £885,000, compared with £783,000 in 2006, the difference being due to both an increase in income, and capital growth on investments. Of the total reserves, £404,000 is in a designated fund set aside to fund new premises arrangements, when the present lease runs out in 2010; £10,000 from the 2006 BUPA Health at Work Award is in a designated fund; and £135,000 is in restricted funds.



Income - £735,345

- Grants and Donations
- Subscriptions
- Qualifications
- Publications
- Other income
- Conferences & Events
- Investment income & interest



Expenditure - £630,178

- Qualifications & training
- Members services
- Publications
- Meetings
- Research fellowship
- Conferences & Events
- Governance

The remainder, that is the Faculty's free reserves, therefore stood at £335,000 (compared with £250,000 in 2006). The Faculty has budgeted for expenditure (in general funds) in 2008 of £686,617 which means that its free reserves will constitute almost six months' running costs. The Faculty still therefore needs to continue to build on its free reserves to maintain the six months' expenditure as set out in the reserves policy.

However, in line with our work plans for 2008, the Board has agreed to deploy £30,000 of the 2007 surplus to support essential work for 2008. The outcome of a bid for additional funding is awaited. If this is successful, we would of course then anticipate a more significant surplus and so to continue to accumulate our planned free reserve. The Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans.

Investment policy

In 2000 the Trustees designated the amounts equivalent to the value of the investment portfolio and the related accrued income, as a capital fund. This capital reserve is invested for capital growth on a medium risk basis with the intention of allowing appropriate provision to be made for the cost of accommodation, once the current arrangements generously provided by the Royal College of Physicians terminate in 2010. At 31 December 2007, the capital fund was valued at £404,000 against an original investment of £250,000. The Treasurer has been asked to review the adequacy of this fund and, as part of the Faculty's stated objective to promote closer working with the Society of Occupational Medicine whose lease terminates at the same time as the Faculty's, the Treasurer is considering this with the Society's Honorary Treasurer. Cash balances in excess of immediate requirements are deposited in higher interest rate accounts.

In the meantime the Trustees are cautiously confident that the strategic aims of the Faculty are being matched by appropriate levels of funding. Finally, the Trustees wish to thank the staff, Nicky Coates, Frances Quinn and Graham Whittal, in the Faculty office, for their unremitting efforts in managing the Faculty's finances throughout the year, together with the supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

Sponsorship

The Faculty has had a quieter period during the last year that has mostly concentrated on completing the work associated with the new training regimen. Consequently, external activity has been relatively constrained. This has generated a lesser requirement for sponsorship. However we continue to be very fortunate that organisations both in the public and private sectors have recognised the importance of the Faculty's work and have given generous funding support in 2007. The effort to secure funding continues and Chris Sharp, the Faculty's Sponsorship Co-ordinator, is always willing to talk to potential sponsors. The Board wishes to thank Chris Sharp for his work and also the organisations listed below, who have worked with the Faculty to provide this support in 2007:

BT
Capita Health Solutions
Department for Work and Pensions (for funds acknowledged in 2005 for publication of *Fitness for Work* in 2007)
Scottish Executive
Rood Lane Medical Group

Objectives for 2008

Promotion of occupational health and occupational medicine

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Progress work on occupational health awareness for GPs and other specialties
- Develop the Faculty's vision of how occupational health services can best be delivered at primary care level
- Seek opportunities to promote the specialty to medical undergraduates
- Create a section on the website with profiles of occupational physicians, to promote occupational medicine to undergraduates
- Email medical students, through medical schools, to bring occupational medicine as a career to their attention
- Promote and develop the new bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing educational and good practice work with colleagues overseas
- Seek to publish articles to promote occupational health awareness
- Seek opportunities for continued joint working with the Society of Occupational Medicine
- Improve links with the Confederation of British Industry, Trade Union Congress, Health and Safety Executive, Department of Health and Department for Work and Pensions.
- Liaise with chief medical officers of major companies to improve links between the specialty and industry
- Re-design website with improved information for the public, employers and employees, as well as members, subject to funding
- Seek to improve communications and increase press coverage
- Work with others to develop standards and a system of voluntary accreditation for occupational health providers

Education and training

- Effect a smooth implementation of the new curriculum
- Develop new Faculty specialist examinations and prepare for their administration
- Revise the arrangements for the dissertation
- Apprise, prepare and support Regional Specialty Advisers
- Develop and maintain excellent communication links with deanery specialist training committees
- Encourage subsidy for specialist training undertaken in non-NHS posts
- Maintain good communication links with PMETB, MMC and the Academy of Medical Royal Colleges' Specialty Training Committee
- Revise and distribute the specialty training handbook and prepare trainers for the new training arrangements
- Launch the new model of HAVS assessment and attendant changes
- Develop educational and competency frameworks in occupational health for GPs at various levels
- Rewrite the Membership regulations

Professional development and standards

- Increase participation in Continuing Professional Development (CPD)
- Encourage members to recognise that CPD participation is becoming a mandatory, not a voluntary, activity.
- Monitor developments in relation to recertification, for purposes of revalidation
- Use information from CPD Form 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine and Royal Society of Medicine Occupational Medicine Section
- Run an Annual Scientific Meeting and one other conference
- Produce new or updated guidance as appropriate
- Establish a Clinical Governance Subcommittee, as resources allow
- Consider the need for a Clinical Governance Committee
- Consider how best to secure the long term future of the Occupational Health Clinical Effectiveness Unit
- Respond to consultation documents, and contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)

Membership

- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating Diplomates
- Consider feasibility of environmental medicine conference or other project
- Seek funding from new sources in order to be able to expand staffing to meet new demands
- Draw up premises plan for 2010 when lease terminates
- Make changes to Standing Orders and Governance Regulations to reflect agreed changes and to ensure consistency

Governance, resources and internal matters

- Create new corporate image
- Actively market publications and examinations
- Review staff roles and workloads

Statement of 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.

APPROVED by the Trustees on 2 April 2008 and signed on its behalf by:



President: Dr D C Snashall MSc FRCP FFOM FFOM(I) FFTM(Glas) LLM



Annex 1

THE FACULTY OF OCCUPATIONAL MEDICINE
AUDITED ACCOUNTS
FOR THE YEAR ENDED 31 DECEMBER 2007

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Independent Auditors' report to the members of the Faculty of Occupational Medicine

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2007 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared under 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 so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions 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, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding Trustees' remuneration and other transactions is not disclosed.

We read the Trustees' Report and consider the implications for our report if we become aware of any apparent misstatements within it.

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 United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 31 December 2007 and of its incoming resources and application of resources in the year then ended; and
- have been properly prepared in accordance with the Charities Act 1993.

Kingston Smith LLP

Chartered Accountants and Registered Auditors
Devonshire House
60 Goswell Road
London EC1M 7AD
Date: May 2008

Statement of Financial Activities for the year ended 31 December 2007

	Notes	Unrestricted funds			Total 2007 £	Total 2006 £
		Designated Funds £	General Funds £	Restricted Funds £		
INCOMING RESOURCES						
Incoming resources from generated funds						
Voluntary income	2	-	7,450	-	7,450	1,000
Investment income	3	15,460	19,140	7,848	42,448	32,467
Incoming resources from charitable activities						
Subscriptions		-	344,599	-	344,599	330,361
Qualification and training income		-	194,405	-	194,405	173,795
Publications		-	16,773	-	16,773	24,405
Other income		-	15,759	-	15,759	16,325
Conferences and events		-	94,482	-	94,482	65,008
Grants for publications, training and conferences	2	-	5,000	14,429	19,429	58,597
Total incoming resources		15,460	697,608	22,277	735,345	701,958
RESOURCES EXPENDED						
Charitable activities	4	-	557,761	17,722	575,483	522,360
Governance costs	6	-	54,695	-	54,695	55,625
Total resources expended		-	612,456	17,722	630,178	577,985
Net income		15,460	85,152	4,555	105,167	123,973
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	(2,693)	-	-	(2,693)	36,723
Net movements in funds for the year		12,767	85,152	4,555	102,474	160,696
Fund balances brought forward at 1 January 2007		401,699	250,010	131,096	782,805	622,109
Fund balances carried forward at 31 December 2007		£414,466	£335,162	£135,651	£885,279	£782,805

All income has been generated from continuing operations.

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

Balance Sheet as at 31 December 2007

	Notes	2007		2006	
		£	£	£	£
FIXED ASSETS					
Tangible assets	9		5,072		1,581
Investments	10		404,466		391,699
			<u>409,538</u>		<u>393,280</u>
CURRENT ASSETS					
Stocks	11	5,032		15,655	
Debtors	12	66,685		47,596	
Cash on deposit		548,806		429,921	
Cash at bank and in hand		23,891		81,160	
		<u>644,414</u>		<u>574,332</u>	
CREDITORS: amounts falling due within one year	13	<u>(168,673)</u>		<u>(184,807)</u>	
NET CURRENT ASSETS			<u>475,741</u>		<u>389,525</u>
NET ASSETS			<u>£885,279</u>		<u>£782,805</u>
REPRESENTED BY:					
Unrestricted funds					
General funds	15	335,162		250,010	
Designated funds	15	414,466		401,699	
		<u>749,628</u>		<u>651,709</u>	
Restricted funds	15		<u>135,651</u>		<u>131,096</u>
TOTAL FUNDS			<u>£885,279</u>		<u>£782,805</u>

The financial statements were approved and authorised for issue by the Board of Trustees on 2 April 2008 and were signed below on its behalf by:



President: Dr D C Snashall MSc FRCP FFOM FFOM(I) FFTM(GLas) LLM



Treasurer: Dr S C Sheard MB ChB MMedSci FFSEM FFOM

Notes to the financial statements for the year ended 31 December 2007

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 2005 (SORP 2005).

(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.

Donated facilities are included at the value to the Trustees where this can be quantified and a third party is bearing the cost. No amounts are included in the financial statements for services donated by volunteers.

(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 for the year in which they arise.

(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.

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 and include an appropriate proportion of support costs. Support costs are those costs incurred directly in support of expenditure on the objects of the company and include project management.

Support costs have been allocated to charitable and fundraising activity on the basis of time spent by staff in supporting the operation.

Governance costs are those incurred in connection with enabling the charity to comply with external regulation, constitutional and statutory requirements and in providing support to the Trustees in the discharge of their statutory duties.

Notes to the financial statements for the year ended 31 December 2007

2. GRANTS AND DONATIONS					
	Designated	Restricted	General	Total	Total
Voluntary	£	£	£	2007	2006
				£	£
Donations and legacies					
Wilf Howe Fund	-	-	-	-	1,000
Dr P L Pelmeur Legacy	-	-	7,450	7,450	-
	-	-	7,450	7,450	1,000
Grants					
DOH Training grant	-	2,429	-	2,429	8,197
Corporate Health - Mobbs Travelling Fellowship	-	10,000	-	10,000	20,000
Adastral	-	-	-	-	3,000
Rolls Royce Guidelines	-	-	-	-	10,000
BUPA Award	-	-	-	-	10,000
Rood Lane Medical Group	-	2,000	-	2,000	-
	-	14,429	-	14,429	51,197
Gifts in kind					
Trustees Away day	-	-	5,000	5,000	6,000
BMJ Careers fair	-	-	-	-	1,400
	-	-	5,000	5,000	7,400
Total grants and gifts in kind	-	£14,429	£5,000	£19,429	£58,597
3. INVESTMENT INCOME					
	Designated	Restricted	General	Total	Total
	£	£	£	2007	2006
				£	£
Bank interest	-	7,848	19,140	26,988	20,380
Dividends	15,460	-	-	15,460	12,087
	£15,460	£7,848	£19,140	£42,448	£32,467
4. ANALYSIS OF COSTS					
	Direct	Direct	Support	Total	Total
	Costs	Salaries	Costs	2007	2006
	£	£	£	£	£
Qualification and training	52,858	105,043	83,301	241,202	211,378
Members services	94,787	36,352	28,828	159,967	148,528
Publication costs	10,622	9,584	7,600	27,806	35,654
Meeting costs	45,499	28,138	22,314	95,951	85,182
Research fellowship	4,795	1,882	1,493	8,170	5,374
Conferences and events	27,683	8,201	6,503	42,387	36,244
	236,244	189,200	150,039	575,483	522,360
Governance costs	18,867	19,982	15,846	54,695	55,625
	£255,111	£209,182	£165,885	£630,178	£577,985

5. BREAKDOWN OF SUPPORT COSTS

	2007	2006
	£	£
Staff costs (including staff benefits)	69,622	71,066
Communication	3,374	3,036
Printing, postage and stationery	17,843	16,638
Premises costs	28,945	22,791
Repairs and maintenance	21,349	17,644
Advertising and recruitment	6,042	10,235
Accountancy fees	7,072	6,512
Depreciation	2,930	3,575
Other direct costs	<u>8,708</u>	<u>4,469</u>
	<u>£165,885</u>	<u>£155,966</u>

Support costs are allocated to restricted activities on the basis of the amount of direct time attributable to each area.

6. GOVERNANCE COSTS

	2007	2006
	£	£
Salary costs	19,982	19,591
Support costs allocation	15,846	16,243
Audit fees	4,830	4,542
Audit fees – prior years	871	-
Meeting costs	10,355	11,389
AGM costs	211	1,260
Annual report costs	<u>2,600</u>	<u>2,600</u>
	<u>£54,695</u>	<u>£55,625</u>

7. REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2006: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £3,055 (2006: 15 Trustees - £5,024).

8. STAFF COSTS

	2007	2006
	£	£
Wages and Salaries	232,777	219,853
Social security costs	24,552	23,113
Pension costs	<u>16,099</u>	<u>11,400</u>
	<u>£273,428</u>	<u>£254,366</u>
The average number of full-time equivalent employees during the year was:	<u>8</u>	<u>8</u>

One member of staff was remunerated in the £60,001 to £70,000 range (2006 – none). The associated pension costs of this individual were £5,940.

Notes to the financial statements for the year ended 31 December 2007

9. TANGIBLE FIXED ASSETS	Fixtures and fittings £	Office equipment £	Total £
Cost			
At 1 January 2007	14,331	32,132	46,463
Additions	-	6,421	6,421
At 31 December 2007	<u>14,331</u>	<u>38,553</u>	<u>52,884</u>
Depreciation			
At 1 January 2007	14,331	30,551	44,882
Charge for the year	-	2,930	2,930
At 31 December 2007	<u>14,331</u>	<u>33,481</u>	<u>47,812</u>
Net Book Value			
At 31 December 2007	<u>-</u>	<u>£5,072</u>	<u>£5,072</u>
At 31 December 2006	<u>-</u>	<u>£1,581</u>	<u>£1,581</u>
10. INVESTMENTS			
		2007 £	2006 £
Quoted investments			
At 1 January 2007		391,699	342,889
Additions		15,460	12,087
Unrealised gain/(losses)		(2,693)	36,723
At 31 December 2007		<u>£404,466</u>	<u>£391,699</u>
Historical cost		<u>£312,132</u>	<u>£296,672</u>
No of units		86,851	86,851
Valuation		465.70p	451p
Investments consist of 86,851 units in Schroders Charity Equity Fund.			
11. STOCKS			
		2007 £	2006 £
Stocks comprise:			
Publications for resale		<u>£5,032</u>	<u>£15,655</u>
12. DEBTORS			
		2007 £	2006 £
Accrued income		36,149	27,165
Other debtors		11,735	2,155
Prepayments		18,801	18,276
		<u>£66,685</u>	<u>£47,596</u>

13. CREDITORS: amounts falling due within one year	2007	2006
	£	£
Trade creditors	13,682	32,487
Accruals	50,647	44,466
Deferred income - examination fees received in advance	17,140	20,195
- subscriptions received in advance	87,204	84,452
VAT due	-	3,207
	<u>£168,673</u>	<u>£184,807</u>

Included within accruals is £2,439 in respect of outstanding pension contributions (2006 - nil).

14. DEFERRED INCOME	Examination fee	Subscriptions	Total
	£	£	£
Balance at 1 January 2007	20,195	84,452	104,647
Amounts released to incoming resources	(20,195)	(84,452)	(104,647)
Amount deferred in the year	<u>17,140</u>	<u>87,204</u>	<u>104,344</u>
Balance at 31 December 2007	<u>£17,140</u>	<u>£87,204</u>	<u>£104,344</u>

15. FUNDS	As at 1 January 2007	Incoming Resources	Gains/(losses) on investments	Resources expended	As at 31 December 2007
	£	£	£	£	£
a) General funds	<u>250,010</u>	<u>697,608</u>	<u>-</u>	<u>612,456</u>	<u>335,162</u>

b) Designated funds

Capital fund	391,699	15,460	(2,693)	-	404,466
BUA Award	<u>10,000</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>10,000</u>
	<u>401,699</u>	<u>15,460</u>	<u>(2,693)</u>	<u>-</u>	<u>414,466</u>

c) Restricted funds	As at 1 January 2007	Incoming Resources	Interest Allocation	Outgoing Resources	As at 31 December 2007
	£	£	£	£	£
Good Practice Guidelines Funds					
Esso Publications Fund	14,669	-	925	-	15,594
UNUM Fund	6,705	-	423	-	7,128
DWP- Fitness for Work	9,264	-	283	9,547	-
Lecture Funds					
Donald Hunter Lecture	9,727	-	614	-	10,341
Ernestine Henry Lecture	2,673	-	168	-	2,841
Esso Research Fellowship Funds	36,419	-	2,297	-	38,716
William Taylor Memorial Fund	2,947	-	180	185	2,942
Shell Fellowship	818	-	51	-	869

Notes to the financial statements for the year ended 31 December 2007

15. Restricted funds continued	As at 1 January 2007 £	Incoming Resources £	Interest Allocation £	Outgoing Resources £	As at 31 December 2007 £
Other Funds					
Department of Health -					
Training grants	-	2,429	-	2,429	-
Wilf Howe Fund	5,302	-	317	555	5,064
Mobbs Travelling Fellowship	32,572	10,000	1,959	3,006	41,525
Rolls Royce Guidelines	10,000	-	631	-	10,631
Rood Lane Medical Group	-	2,000	-	2,000	-
	<u>131,096</u>	<u>14,429</u>	<u>7,848</u>	<u>17,722</u>	<u>135,651</u>
Total funds	<u>£782,805</u>	<u>£727,497</u>	<u>£5,155</u>	<u>£630,178</u>	<u>£885,279</u>

Designated funds:

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.

BUFA Award money has been set aside towards the production of publications and guidance.

Restricted funds:

Esso Publications Fund provides for publishing 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 *Fitness for Work*.

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

Ernestine Henry Lecture Fund 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.

William Taylor Memorial Fund was set up to provide an award in his memory which takes the form of a prize each year for the candidate with the highest overall score in the examination for Associateship of the Faculty (AFOM).

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.

Wilf Howe Fund was established to provide an award in his memory which is given to recognise an outstanding innovation or intervention which has delivered a demonstrable health benefit for a defined working population.

Mobbs Fellowship Fund was set up to provide travelling fellowships.

Rolls Royce Guidelines funds were provided originally to cover the costs of back pain guidance and leaflets. As sufficient guidance is available elsewhere, the Faculty is currently negotiating an alternative use with the provider.

Rood Lane Medical Group provided funds towards the cost of the 2007 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	-	5,072	-	5,072
Investments	404,466	-	-	404,466
Net current assets	10,000	330,090	135,651	475,741
	<u>£414,466</u>	<u>£335,162</u>	<u>£135,651</u>	<u>£885,279</u>

17. OPERATING LEASE COMMITMENTS

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

	2007	2006
	£	£
Leases which:		
Expire within one year (office equipment)	638	638
Expire between 2 and 5 years (land and buildings)	2,108	2,108
	<u>£2,746</u>	<u>£2,746</u>

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.

Annexes 2-8

The following Annexes do not in themselves form part of the formal Trustees' Annual Report, but provide supplementary information on those who have contributed to the work of the Faculty or who have gained Faculty qualifications during 2007.

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List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, Representatives and those who have examined in 2007

EXECUTIVE COMMITTEE

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.

Dr O H Carlton/Dr L N Birrell	Registrar (Chair)
Dr D C Snashall	President
Professor J Harrison/ Professor K T Palmer	Academic Dean
Dr D Sen	Director of Assessment
Dr M J F Davidson/Col J P Owen	Director of Training
Dr J S F Tamin	Director of Professional Development
Professor K Holland-Elliott	Director of Communications
Ms N Coates	Chief Executive
Dr S C Sheard	Treasurer

COMMUNICATIONS SUBCOMMITTEE

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

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

HEALTH OF MIGRANT WORKERS WORKING GROUP

This Working Group was established to consider the particular health issues of migrant workers with a view to preparing a Position Paper on this subject in the first instance.

Dr H K Nixon	Chair
Dr M M Coggins	
Dr K H Ling	
Dr P A Mellors	
Dr J R Morgan	
Dr S H R Naghavi	
Dr M R Peel	
Dr H G M Sayed	
Dr M Tohill	
Dr J M Wilford	

SCOTTISH AFFAIRS FORUM

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 represents those practising occupational medicine in Scotland.

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

WELSH AFFAIRS FORUM

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 represents those practising occupational medicine in Wales.

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

List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, Representatives and those who have examined in 2007

NORTHERN IRISH AFFAIRS FORUM

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 represents those practising occupational medicine in Northern Ireland. In addition, the Forum assists in strengthening links with the Faculty of Occupational Medicine in the Irish Republic.

Dr D I M Skan/Dr M Tohill
Board representative for Northern Ireland (Chair)

Dr D Courtney
Dr W R Jenkinson
Dr A P McCrea
Dr A C A Glasgow
SOM representative

EUROPEAN AFFAIRS FORUM

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.

Dr E B Macdonald
Faculty representative on UEMS OM section (Co-Chairman)

Dr R J L Heron
Dr B M Crichton
Dr N P Dowdall
Dr P F G Gannon
Dr D Sen
Dr A J M Slovak
Co-Chairman
(SOM representative)

FELLOWSHIP COMMITTEE

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

Mr H Robertson
Dr O H Carlton/Dr L N Birrell
Dr I R Aston
Dr P Graham
Mr H Robertson
Dr L N Birrell/Dr O H Carlton
Dr D Courtney/Dr R V Johnston
Dr S R C Dougherty
Dr G M Fletcher
Dr G Parker
Dr D Sen/Dr R M Quinlan
Chair
Registrar
Elected RSA Representative
Lay representative
Lay representative
Fellows appointed by the Board

ETHICS COMMITTEE

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also publishes Guidance on Ethics for Occupational Physicians, the 6th edition of which was published in May 2006. 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 Local or Multi-centre Research Ethics Committees or other appropriate committees such as those established by the Health and Safety Executive or the Armed Forces. The committee did not meet in 2007 but anticipates planning a timetable in 2008 for the 7th edition of the guidance.

Dr C C Harling/Dr P Litchfield
Dr S J Hunt
Dr S C Sheard
Dr J G Bell
Dr L Holden
Dr R D Jefferson
Dr S Pattani
To be appointed
Ms S Cave
Ms T Daly
Dr P Graham
Mr H Robertson
Bela Gor
Chair
Secretary
Member of the Board/Executive
4 Members or Fellows
Diplomate
Co-opted non-medical member:
OH nurse
Co-opted non-medical member:
OH nurse
Lay representative
Lay representative
Employment lawyer

CLINICAL EXCELLENCE AWARDS COMMITTEE

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).

Professor D N M Coggon
Dr D C Snashall
Dr E R Waclawski
Dr C C Harling
Dr P Graham
Professor A J Newman Taylor
Chair
President
SOM nominee
Lay representative

ACADEMIC SUBCOMMITTEE

The Academic Subcommittee was established in 2007 to draw together the many strands of development pursuant to the introduction of the new curriculum and assessment framework. Its purpose is to have an oversight of all the developments in training and to ensure that the changes are implemented in an effective and timely manner.

Professor KT Palmer
Dr L A Adishesh

Dr D C Brown
Professor K Holland-Elliott
Col J P Owen
Dr D Sen
Dr J S F Tamin

Academic Dean
Chief Examiner Workplace-Based Assessments
Deputy Director of Assessment
Director of Communications
Director of Training
Director of Assessment
Chief Examiner AFOM

ASSESSMENT SUBCOMMITTEE

The Assessment Subcommittee 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.

Dr D Sen
Dr D C Brown
Professor J Harrison/
Professor KT Palmer
Dr J S F Tamin
Dr S R Boorman
Dr M Henderson
Air Cdre A J Batchelor/
Gp Capt D P Gradwell
Dr A Pilkington/Dr R Thornton

Mr H Robertson

Director of Assessment (Chair)
Deputy Director of Assessment
Academic Dean

Chief Examiner AFOM
Chief Examiner DOccMed
Chief Examiner DDAM
Chief Examiner DAvMed

Chief Examiner Internal Assessment/Research Methods
Lay Member

AFOM ADVISORY GROUP

This Advisory Group devises, sets and reviews the biannual examination for Associateship of the Faculty.

Dr J S F Tamin
Dr D Sen
Dr J Anderson
Dr T Hussain
Dr M Jennings
Dr R V Johnston
Dr D S D Jones
Dr I A McCoubrey
Dr S Sadhra
Dr P A Siklos

Chief Examiner AFOM (Chair)
Director of Assessment

DOccMed ADVISORY GROUP

This Advisory Group devises, sets and reviews the Diploma in Occupational Medicine examinations.

Dr S R Boorman
Dr D Sen
Dr A Bray
Dr J Henderson
Dr P M Jeffrey
Dr R Thornton
Dr S T Wang
Dr L P Wright

Chief Examiner DOccMed (Chair)
Director of Assessment

DDAM ADVISORY GROUP

This Advisory Group devises, sets and reviews the Diploma in Disability Assessment Medicine examination.

Dr M Henderson
Dr D Sen
Dr D Beswick
Dr P Dewis
Dr T M Gibson
Dr M Harvey
Gp Capt D Jones

Chief Examiner DDAM (Chair)
Director of Assessment

List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, Representatives and those who have examined in 2007

DAvMed ADVISORY GROUP

This Advisory Group devises, sets and reviews the Diploma in Aviation Medicine examination.

Air Cdre A J Batchelor/
Gp Capt D P Gradwell
Dr S A Evans
Dr D Sen
Dr M Bagshaw
Dr M G Braithwaite
Dr J Cartwright
Dr N Dowdall
Dr T M Gibson
Dr M Lewis
Wg Cdr H Lupa
Dr C Sharp

Chief Examiner DAVMed (Chair)

Dupty Chief Examiner DVAVMed
Director of Assessment

PETER TAYLOR MEDAL ADVISORY GROUP

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 rigour, 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.

Professor J Harrison/
Professor KT Palmer
Dr A Pilkington/Dr R Thornton

Dr R M Preece

Academic Dean (Chairman)

Chief Examiner Internal
Assessor/Research Methods
SOM representative

SPECIALIST ADVISORY SUBCOMMITTEE

The Specialist Advisory Subcommittee advises the Faculty Board on any matter related to higher specialist training in occupational medicine, including the training programme and the appointment of Regional Specialty Advisers. The Specialist Advisory Subcommittee oversees all specialist training and the progress of trainees, from initial registration through to the recommendation for the award of Certificate of Completion of Training (CCT).

Dr M J F Davidson/Col J P Owen
Dr A C Wilcock
Professor J Harrison/
Professor KT Palmer
Dr N K Cooper
Dr I Hastie

Professor K Holland-Elliot
Dr J K Moore

Dr N G Morris
Dr R Preece
Dr D I M Skan/vacant

Director of Training (Chair)
Deputy Director of Training
Academic Dean

Lead Dean for
Occupational Medicine

Member with special
responsibility for curriculum
implementation

SOM nominee
Royal College of Physicians of
Ireland nominee

ARTICLE 14 ASSESSMENT ADVISORY GROUP

The Article 14 Assessment Advisory Group evaluates applications for entry onto the General Medical Council Specialist Register in occupational medicine made under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and makes recommendations to the Postgraduate Medical Education and Training Board (PMETB).

Dr M J F Davidson/Col J P Owen
Dr J Cartwright
Dr N K Cooper
Dr G M Fletcher
Dr P M Jeffrey
Dr S C Sheard
Dr J G Spiro
Dr A C Wilcock

Director of Training (Chair)

REGIONAL SPECIALTY ADVISERS AND DEPUTIES

REGION	SPECIALTY ADVISER	DEPUTY
Northern	Dr C J English	Dr P A Wynn
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	Dr M D McKinnon
S E Thames	Dr J M W Simpson	Dr A M Finn
S W Thames	Dr R V Johnston/Vacant	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 J A Halliday-Bell	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 G M Fletcher	Dr G M Fletcher/Vacant
North Scotland	Dr M E Wright	Dr M M Watt
Northern Ireland	Dr A B Stevens/ Dr W R Jenkinson	Dr W R Jenkinson/Vacant
Navy	Dr C C Harling	Surg Cdre G Nicholson Surg Cdre J J W Sykes
Army	Professor J M Harrington/ Professor R M Agius	Col J P Owen/Col M G Braithwaite 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/Vacant	Professor M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

RESEARCH SUBCOMMITTEE

The Research Subcommittee 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 Subcommittee also advises the BOHRF management committee and produces a report for the sponsors of BOHRF summarising the activity of the committee and recommending future research options.

Professor C A C Pickering	Chair
Dr P Graham	Lay member
Professor A Griffiths	
Mr B Kazer	Chief Executive, BOHRF
Professor S Khan	
Professor M J O'Donnell	
Dr P Oldershaw	
L Seymour	
Dr S Stork	
Dr R Thornton	Chief Examiner Research Methods (from May 2007)

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

This Subcommittee did not meet in 2007 but is expected to reconvene with the anticipated developments in revalidation in 2008.

MOBBS TRAVELLING FELLOWSHIP PANEL

This Panel assesses applications for these fellowships.

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

Representatives on other bodies

Academy of Medical Royal Colleges	Dr D C Snashall
Assessment Committee	Dr D Sen
Health Inequalities Forum	Dr I M Kennedy
Academy of Royal Colleges and Faculties in Scotland	Dr A M Leckie
British Medical Association Junior Doctors Committee	Dr J K Moore/Dr A Hashtroudi
British Medical Association Occupational Health/Medicine Committee	Dr P J Nicholson
Civil Aviation Authority Aviation Medicine Forum	Dr R V Johnston
European Union of Medical Specialists	
Section of Occupational Medicine	Dr E B Macdonald
HSE Asthma Project Board	Dr P J Nicholson
Intercollegiate Cancer Committee	Dr C F Amos
Intercollegiate Faculty of Sport and Exercise Medicine	Dr S C Sheard/Dr L Odiseng
Medical Council on Alcohol Advisory Group	Dr C D Payton
NHS Plus Stakeholder Group	Dr D C Snashall
National Patient Safety Agency	Dr P J Nicholson
<i>Occupational and Environmental Medicine</i>	
Editorial Board	Dr D C Snashall
OPRA Advisory Committee	Dr J Cartwright
Professional Organisations in Occupational Safety and Health	Dr P Griffin
Royal College of Physicians of London	
Council	Dr D C Snashall
Committee on Ethical Issues in Medicine	Dr R D Jefferson
Royal College of Psychiatrists Liaison Officer	Dr P Litchfield
Toxicology Liaison Officer	Dr M A Cooke
UK Voluntary Register for Public Health Specialists	Dr K E Nightingale
Advisory Group	

Examiners

Dr L A Adishesh	Dr F M Kennedy
Professor R M Agius	Dr M Kinoulty
Dr J Anderson	Wg Cdr M E Lewis
Dr P D Baker	Dr I D Lindsay
Air Cdr A J Batchelor	Wg Cdr H Lupa
Dr C G Batty	Dr D E S Macaulay
Dr E Beck	Dr D J Makepeace
Dr D Bhatnagar	Dr R L Marcus
Dr J L Bonsall	Dr H C Mason
Dr S R Boorman	Dr W J McCulloch
Dr D C Brown	Dr N A Mitchell-Heggs
Dr I M Calder	Dr N G Morris
Dr K M E Campion	Dr H K Nixon
Dr J Cartwright	Col J P Owen
Professor D N M Coggon	Dr F C Page
Dr D E Cook	Dr G Parker
Dr N K Cooper	Dr C D Payton
Dr D A P D'Auria	Dr J A Pfang
Dr S P Deacon	Dr B W Platts
Dr M. R Dean	Dr R M Preece
Dr A M de Bono	Dr A E Price
Dr G R Evans	Dr R M Quinlan
Dr S A Evans	Dr A S Robertson
Dr D Fishwick	Dr A Rossiter
Dr P M Ford	Dr C N Royan
Dr D F Gallagher	Dr P J J Ryan
Dr W R Gamble	Dr S J Ryder
Dr M J E Gann	Dr D Sen
Dr T M Gibson	Dr S C Sheard
Dr D A Gidlow	Dr P Siklos
Gp Capt D P Gradwell	Dr A J M Slovak
Dr A M Harvey	Dr D C Snashall
Dr M Henderson	Dr S A Szweda
Dr C W Ide	Dr J S F Tamin
Dr T Hussain	Dr S Turner
Dr D I T Jenkins	Dr P J Waugh
Dr M Jennings	Dr A N Williams
Dr R V Johnston	Dr V S Wong
Dr C J Kalman	Dr M E Wright
Dr B T Keatings	Dr L P Wright

Reports from representatives on other bodies

Academy of Medical Royal Colleges Health Inequalities Forum (AHIF)

The AHIF met three times during 2007. The work of the Forum in developing a Core Competencies training module in health inequalities, which will be integrated into all specialty curricula, is now in its final stages. This module is due to be presented by the Chair of the Forum to the Academy in June 2008. Professor Keith Palmer, who has represented the Faculty of Occupational Medicine on the Core Competencies Working Group, has made a significant contribution to developing this module.

Over the last year, the Forum has also looked at ways of developing its advocacy function and communication strategy. Following a meeting with Dr Fiona Adshead, Deputy CMO, it became apparent that the Academy should develop an advocacy role in assisting the medical profession to better understand health inequalities. Options for consideration include a consensus statement, manifesto and communication strategy, and possibly a Health Inequalities Alliance. An Alliance involving relevant interest groups and the Royal Medical Colleges working together could encourage Government bodies to keep health inequalities uppermost on the public policy agenda. The AHIF is currently considering how these initiatives might be taken forward.

The Forum continues to provide a focus for College representatives to exchange knowledge about specific initiatives and plans of action to address health inequalities within their respective specialties.

Ioanna Kennedy

British Medical Association (BMA) Occupational Health/ Medicine Committee

I represented the Faculty on the BMA Occupational Health Committee until the BMA Annual Representative Meeting (ARM) in June, thereafter being one of three members to be appointed to the Committee by BMA Council. This provided an opportunity to appoint another Faculty member to the committee. I continued to represent the Faculty's interests pending the appointment of a new Faculty representative. Subsequent to the ARM the committee was renamed the Occupational Medicine Committee.

Topics discussed throughout the year included Department of Health guidance for the health clearance of new health care workers for TB, hepatitis B & C and HIV, NHS smart cards, and VAT and pre-employment medical examinations. The committee's experience was that the coverage of the Smartcard was patchy and that the technology is now obsolete. The committee worked with the Medical Students Committee and represented the view that funding for the screening of students for blood-borne pathogens should be provided by the Department of Health. The committee noted that the final guidance from HM Revenue and Customs on VAT and medical services had stipulated a distinction between the purpose of pre-employment medicals and post-employment medicals and that the former should be subject to VAT. It was the committee's view that this distinction should not exist since pre-employment medicals were typically performed after an appointment had been made.

Susan Robson, Angela Skidmore, Paul Grime and I undertook a major revision of the BMA publication *The Occupational Physician*. It is hoped that the revised edition will be of great assistance to its

readers. We have removed areas of duplication and have updated the text and references, reflecting changes since the last hard copy was published in 2001. Most usefully, the online version will incorporate web links to take readers to reference materials eg, on the GMC, Faculty or Society websites.

Paul J Nicholson

Civil Aviation Authority (CAA) Aviation Medicine Forum

This Forum meets bi-annually in order to improve communication and liaison with key stakeholders in the pilot, airline and air traffic community. The main developments during 2007 were:

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

The transition to electronic data management of aircrew medicals continues to progress within improvements in the IT infrastructure. This continued with the roll out during 2007 to more AMEs and with improved functionality.

- **CAA AME Symposium**

This was held in October 2007 and covered a number of pertinent topics in Aviation Medicine including ECG interpretation and developments in Europe. It was attended by approximately 200 AMEs and was accredited for CPD by the Faculty.

- **Passenger Health**

The Aviation Health Unit, which I have headed since April 2006, remains active on a number of topics. The most salient at present is that of cabin air quality. The Unit is working closely with the Department for Transport (DfT) and the Committee on Toxicity (COT). The COT produced its report in September 2007 and "considered that it was not possible to conclude whether cabin air exposures (either general or following incidents) cause ill-health in commercial aircraft crews." The COT recommended further work, which is now ongoing, to detect any potential harmful substances in the aircraft cabin. This work is being carried out in collaboration between the CAA, the DfT and Cranfield University which is managing the project.

- **Developments within Europe**

The European Aviation Safety Agency (EASA) continues to develop. The UK CAA Chief Medical Officer chairs the EASA FCL.001 Medical Sub-Group and the Class 1 standards (professional pilots) have been based on the Joint Aviation Regulations Class 1 standards and it is proposed that the Implementing Rules for the EASA Class 2 standards (private pilots) will be based on the International Civil Aviation Organisation (ICAO) Class 2 standards.

- **The European Class 3 Medical Certificate for Air Traffic Controllers**

Implementation of this project continues and it is likely to be introduced in May 2008.

The requirement for a cabin crew licence is unlikely to be adopted but in the Amendment to EC Regulation 1592 periodic medical assessment will be required. This has produced debate in the industry in relation to the cost effectiveness of this process.

Raymond Johnston

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

The section has had two ordinary meetings during 2007, in Zagreb, Croatia and Doonbeg/Limerick, Ireland. At the meetings there were 27 and 24 members/observers present, respectively. During 2007 16 UEMS member countries and four observer countries have been represented. Among the larger European countries we miss regular representation from Greece, Italy, Poland, Slovakia, Switzerland and Turkey.

The section's president is Consol Serra, Spain, the secretary is Knut Skyberg, Norway, the treasurer is Annette Gässler, Germany and the revision of finances is done by Jadranka Mustajbegovic, Croatia. All are elected for the period 2005-2009.

The section has a close co-operation with EASOM (European Schools of Occupational Medicine) and the Cochrane collaboration. To develop the website we have had close contact with the European Agency for Safety and Health at Work (EE-OSHA). At present there is a test website available: <http://uems.osha.europa.eu/> The section has previously had representation at meetings from the occupational health office of WHO in Europe, and also members of the board of the International Commission on Occupational Health (ICOH). One member of the section is also a member of the Permanent Committee (CP) of the UEMS.

The first day of the meeting in Zagreb was organised as a scientific meeting celebrating the tenth anniversary of the section. The history of the section and present activities were presented by Tom McMahon, Ireland and myself, both as former presidents and secretaries of the section. The president of the UEMS, Zlatko Fras, gave a broad overview of UEMS, CME/CPD (Continuing medical education/continuing professional development) and EACCME (European Accreditation Council for Continuing Medical Education). Further discussion took place on the ATOM (Assessment tool for occupational medicine) project and this work has been progressed.

Ewan Macdonald

Health and Safety Executive (HSE) Asthma Project Board

The HSE Asthma Partnership Board, met at HSE in London in June and at British Occupational Hygiene Society in Derby in November. The Board is committed to achieving a 30% reduction in new cases of occupational asthma over the 10 years ending by 2010. HSE, within its Disease Reduction Programme, further aims to reduce the incidence by 10% by 2008 from a 2004 baseline of 1,700, corrected for under reporting. HSE reported statically significant downward trends in incidence of occupational asthma over the period 1996-2006. HSE was negotiating with the BBC for a soap storyline on occupational asthma. HSE updated the Board about the Clinical Care Standard led by David Fishwick. This complements and builds on the British Occupational Health Research Foundation (BOHRF) guidelines. It aims to standardise care given to people diagnosed with occupational asthma by primary and secondary care health staff. It was published online in September 2007 in Thorax. Chris Barber and Timothy Frank wrote an online CPD module for BMJ Learning based on the BOHRF guidelines.

People actively sought access to articles based on the BOHRF guidelines, The US National Guideline Clearinghouse is one website that hosts the guidelines and tracks hits. In the year ending July

2007, 8,890 people accessed the guidelines, up by 36% from the previous year. The British Safety Council requested a feature for their member's magazine Safety Management. The BOHRF evidence review found little evidence regarding fitness for employment decisions for job-applicants with pre-existing asthma. BOHRF has funded a separate study led by Dr Angela Jones at the Brompton Hospital to investigate policies and practice among employers and the evidence base. Occupational physicians are represented on the expert advisory panel by Bernie Graneek, James Mackie, Chris Sharp, Alan Swann, Charlie Wilcock and myself.

It was decided to assess interest in an occupational asthma specialist interest group (SIG). This would be open to any occupational health professional with an interest in occupational asthma. The SIG attracted 36 members and will communicate regularly by e-mail and meet twice yearly. Broadly the purposes are to:

- help members prevent occupational asthma and manage cases better;
- share practice within and between sectors for re-application of best practice;
- identify common issues and ways to find solutions;
- help guide the work of the HSE Asthma Partnership Board;
- help identify areas where practically focussed research is still needed to help us in our practice.

Asthma UK informed the Board that they will renew their Asthma Workplace Charter, partly due to recent smoke free legislation. Tony Gissane from HSE and I met with Asthma UK in December to help with a first revised draft. Bob Jefferson, representing the Institute of Occupational Safety and Health (IOSH) informed the Board that IOSH had developed an online toolkit for safety professionals that has a section on inhalation disorders at <http://www.ohtoolkit.co.uk>. Alister Scott, representing the Chemical Industries Association (CIA), reported that CIA's disease reduction goal was for a 24% reduction in RIDDOR reported cases. Last year there was only one case of occupational asthma amongst the whole membership of 200 organisations.

Paul J Nicholson

Intercollegiate Faculty of Sport and Exercise Medicine (FSEM) UK

The Intercollegiate Faculty of Sport and Exercise Medicine, a Faculty of the Royal College of Physicians of London and the Royal College of Surgeons of Edinburgh, was established in 2006. It has the responsibility for creating and developing the new specialty of Sport and Exercise Medicine (SEM). The inaugural Diploma ceremony of the FSEM took place in Edinburgh in September 2007 followed by the Annual dinner.

The Faculty continues to invite applications for Membership and Fellowship. However the Faculty has completed all the requirements to be recognised as the Governing Body for SEM by the relevant bodies and therefore, it is now fully constituted and will no longer be offering Foundation Fellowships or Memberships. In the future Fellowships will be awarded to individuals who have completed the training programme and are on the Specialist Register; Memberships will be awarded to those who have obtained the Diploma.

It is a busy time for the new Faculty and I have little doubt that there remains a significant opportunity for Occupational Medicine to play an active part in this new specialty. Unfortunately I feel that time pressures prevent me from devoting sufficient time to the Faculty but I am very pleased to say that Dr Les Odiseng has been selected as the our Faculty's representative on Council going forward and I wish him and the Faculty good luck in the future. Anyone who is interested in the subject should visit the Faculty website (<http://www.fsem.co.uk>) or contact Les or me for further details.

Simon Sheard

National Patient Safety Executive (NPSA) Medical Advisory Panel

During 2007, NPSA issued new advice to NHS organisations on standardising patient wristbands for hospitalised patients and on the early identification of failure to act on radiological imaging reports.

The Medical Advisory Panel met on 22 January and discussed the Chief Medical Officer (CMO) of England's report "Safety First". Herein NPSA was criticised for collecting data, its output not being "commensurate with input", for not producing learning from the data, and "not telling the NHS anything it does not already know". The CMO of England's report "Safety First" can be accessed at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_062848. The joint Chief Executives who had been on leave since summer 2006 left the NPSA and a new Chief Executive was appointed in March. The CMO England proposed a National Patient Safety Forum chaired jointly by CMO and NHS Chief Executive and that NPSA's management role be vested in Patient Safety Action Teams hosted by Strategic Health Authorities.

The NPSA Medical Advisory Panel meeting scheduled for 16 July was cancelled and rearranged for 1 October. That meeting was then cancelled. Since the NPSA's role is diminished to data collection and analysis, I recommended that the Faculty cease to be represented on the NPSA and I stood down from the Panel. I recommended that the Faculty explored whether it could better contribute to patient safety by being one of the stakeholders and agencies involved with the National Patient Safety Forum.

Paul J Nicholson

Professional Organisations in Occupational Safety and Health (POOSH)

I have represented the Faculty, as well as the International Institute of Risk and Safety Management, on POOSH.

This umbrella body meets regularly and provides an opportunity to share health and safety information, voice joint concerns and have an input to consultation documents. Along with a number of in depth discussions on many topics including the potential merger of the Health and Safety Commission and Health and Safety Executive and the subsequent move to Bootle, this year POOSH contributed to the healthcare professionals' consensus statement on Health and Work, published in Dame Carol Black's review of the health of Britain's working age population "Working for a healthier tomorrow".

Peter Griffin

Reports from constituency elected trustees

Scotland

The picture for occupational health and safety in Scotland has always been subtly different from the rest of the United Kingdom. However, this difference is widening. The election of a Scottish National Party government makes it likely that the speed of change will increase. Quite how this will impact on our specialty remains to be seen.

Starting with the future for occupational medicine, the prospects are bright. Scotland did its own thing through the Medical Training Application Scheme and to some extent Modernising Medical Careers, and seems set to continue to do its own thing after the Tooke report. Numbers of training places were small with only three NHS posts being available. All were filled and the ratio of applicants for posts beat general practice and many other larger specialties. The positioning by the Faculty of the specialty as one of the mainstream medical specialties should hopefully achieve a steady stream of keen young graduates looking to be trained in occupational medicine.

One of the Faculty's aims for the year was to foster closer working relationships with the Society of Occupational Medicine. For the last few years the Faculty representative in Scotland has had a seat on the Scottish Group's committee. This has allowed us to develop links in various ways. The Society supports the training programme for the trainees with a contribution to training days if the host company does not cover all the costs of holding the day. There has been joint representation on POOSH (Professional Organisations in Occupational Safety and Health) Scotland with the immediate past chair of the Group and the Faculty representative sharing the responsibility. Scotland had the great pleasure in launching the new publication of *Fitness for Work* in Edinburgh after the launch in London, in a joint meeting with the Scottish Group of the Society. It has not all been successful though. We tried to run a joint stand at the BMJ Careers Fair in Edinburgh but were too late with the booking.

One of my roles is to represent the Faculty on the Academy of Medical Royal Colleges and Faculties in Scotland. This led to me being nominated to be an Academy representative on SIGN (Scottish Intercollegiate Guidelines Network) Council. This allowed me to support the work being undertaken by a short life working group chaired by Ewan Macdonald looking at occupational health issues in future Guidelines and successfully get through the proposal that all relevant Guidelines will have occupational health input. As I prepare this report the first opportunity has arisen and we will have a representative on a Guideline Development group to specifically consider occupational health issues. While this is not the first time we have had this it should be the first of many such opportunities. This work will complement the Faculty's own clinical effectiveness unit and any collaboration with NICE too.

As ever, if you have any suggestions contact me on alastairleckie@ohsas.scot.nhs.uk

Alastair Leckie

Wales

The Welsh Occupational Health Forum, which was set up last year, is meeting regularly and has become a useful way of sharing information between occupational health doctors and nurses, and

civil servants working in Wales. Meetings are held in mid Wales every three months, but there are also frequent communications by email between meetings.

The Welsh Assembly Government is developing a website which general practitioners (GPs) will be able to use to obtain advice and training when faced with occupational health issues. The UNUM Centre for Psychosocial and Disability Research have been commissioned to develop it. We expect this to include an "Ask the Expert" button. The idea is that GPs will be able to email a query in certain categories to an occupational health provider and receive a reply within 72 hours. We do not expect this to be advice on fitness for work or managing the clinical condition in an individual case, but rather about process to be followed, such as factors the GP should consider when making a decision. We are helping them in the development of this, which could be a useful resource for GPs.

We have also recently been given permission to set up a National Specialist Advisory Group for occupational medicine in Wales. This is important, because it will be a sub-committee of the Welsh Medical Committee, which in turn has direct links to the Welsh Assembly Government. This means that, for the first time, we will have direct links into the Welsh Assembly itself, and it puts us in line with other specialties in Wales.

Training in occupational medicine in Wales is still very limited, due to the shortage of places where it is possible to establish training posts.

Northern Ireland

This is my first contribution to the annual report, having succeeded Dr Delia Skan as the Northern Ireland member of the Faculty Board. I would like to thank Dr Skan for all her hard work over the past few years.

The Working for Health Strategy has entered its second phase in Northern Ireland. With a view to preventing work-related illnesses, a new Priority Workplace Health Programme will be delivered, comprising a suite of projects focusing on the main causes of work-related ill-health.

Implementation of the first phase of the review of public administration on 1 April 2007 led to a reduction of the 19 existing Health & Social Services (HSS) Trusts to five new integrated Health and Social Care (HSC) Trusts. The Northern Ireland Ambulance Trust has been retained. A review of occupational health provision is ongoing in three of the five Trusts.

During 2007 in Northern Ireland, two of the three Specialist Registrars completed training, Dr David Mills and Dr Francis Zubier.

Dr Tony Stevens stood down as Regional Specialty Adviser and the role has been taken over by Dr Bill Jenkinson. A deputy Regional Specialty Adviser has yet to be appointed. Dr Stevens has been appointed as the Medical Director of the Belfast HSC Trust. With 22,000 employees, Belfast HSC Trust is one of the biggest in Europe. The competencies for medical students in occupational health have been utilised to revise a 3rd year medical student selected student component study module. This was well received by the students and a number of Faculty members in Northern Ireland contributed to the teaching. I plan to further develop the programme for 2008.

My plans for 2008 are to strengthen ties with the Chief Medical Officer, Dr Michael McBride, and to look at working collaboratively with public health specialists in Northern Ireland. Being the current treasurer of the society of occupational medicine provides good opportunities for professional networking with the SOM (NI). I also hope to strengthen ties with the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland through discussions with Dr Ken Addley, who is the current Dean of the Dublin Faculty. Finally I look forward to being the representative for Northern Ireland on the Faculty Board. I can be contacted on the following e-mail address martin.tohill@belfasttrust.hscni.net.

Martin Tohill

Specialist/Specialty Registrars

Trainees in occupational medicine had the opportunity to participate constructively, through their representatives on the Board (both myself and my predecessor), in the time consuming discussions on the development of the new curriculum. We were keen to ensure that this multidimensional document would include all the necessary competencies and that the delivery of training would be quality assured.

I was able to feed back to the Faculty some trainees' experience of delays in the dissertation process and to contribute to a review of the system, as a result of which some positive alterations will be implemented which will considerably reduce the delays.

Although a relatively small specialty, occupational medicine trainees are actively being represented at the Academy Trainee Doctors Group (ATDG), where professional and educational matters can be discussed with trainees from other disciplines. The main issues discussed during the past 12 months have been the new recruitment system, the implementation of the Gold Guide, the role of the ATDG and its relationship with the Academy of Medical Royal Colleges, and the availability of consultant posts at the end of the training.

Ali Hashtroudi

ANNEX 3

Award of Fellowship for 2007

K M Doig
P R Grime
T Hussain
BT Keatings
E Murphy
M O'Donnell
J E Sorrell

Honorary

Dr J A S Ross
Mr M J Temple
Professor C L Welsh

ANNEX 4

Award of Membership for 2007

R Archer	J K Moore
K A Bailey	S B Nimmo
L Batty	R M Phillips
M P Cosgrove	M Phillips
F M Curran	S J Phillips
I Ghafur	S M Phillips
P Giri	M A rooms
M D Greyling	K K Sarangi
G Harris	M J Seed
J E Hitchins	K R H Smith
A N Hynes	F Solkar
I D H King	J H Sterland
J W Mason	A B Swann
M McGuire	S J Taylor
P W J McIlroy	R J Webb
D M J Mills	

Winner of the 2007 Peter Taylor Award
(for the best dissertation submitted):

Dr P W J McIlroy

ANNEX 5

Award of Associateship for 2007

January 2007 examination

I P Charles
P S Ghura
T S Greenish
M R Hansia
K J Haworth
C E Jackson
S M Leckie
M W Navin
M D O'Connor
H G M Sayed
N Sheikh
P L Walters
B F L Yew

June 2007 examination

J S Browne
M B Burling
M W C Cheesman
R D Colman
T M J Griffin
A Hashtroudi
S W Holton
S P Iley
T Kutyreva
J A G Marshall
BT McCarthy
S H R Naghavi
D Phelan
R R Srivastava
G K Toal
J C Tremlett

No. of candidates sitting: 29
No. of candidates passing: 13
Percentage passing: 45%

No. of candidates sitting: 29
No. of candidates passing: 16
Percentage passing: 55%

Winner of the 2007 William Taylor Prize
(for the highest overall score)

Dr I P Charles

ANNEX 6

Award of Diploma in Occupational Medicine for 2007

April 2007 examination

S Adam
R Adams
S Bahadur
H A Bhodadia
L Bilandarli
O J Bird
H M Bowden-Jones
L Bowles
R Bowri
N A Brecker
M J Briggs
J G Carinus
JS Chambers
A Chatokhine
S Clift
V Dave
A Dayani
C C Dayson
B J Fehilly
A S Field-Lucas
Y A Habbab
C W Heath
S Hollis
S Z Hussaini
S Jacob
B J Loane
A L Manson
E J McDarmaid
S McKee
M P McKenzie
K A Miller
L E Morris
P W Newman
DT Patterson
M F Pirwani
S Raghoonanan
A J Rayani
J M Read
S Recaldin
S E Reid
C Romete
P J Seddon
S Siddiqi
A M Sigrist
G Sperber
D H V Thomas
J P Turner
W Wheeldin
D Wong
A M Woolf

No. of candidates sitting: 62
No. of candidates passing: 50
Percentage passing: 81%

November 2007 examination

P Alleyway
G Apap
C R Butler
D N CHege
S Conroy
A H Darbyshire
L Dawes
S L Dougherty
G R A D'Souza
A R Ferris
S A Hamilton
D Hanney
D S Harris
D J B Iles
O D Keyes-Evans
D Konig
S Levene
J R B Leventhorpe
C Marshall
D F Maxted
G McDade
C H Morgan
L A Patience
R C Pemberton
M M Price
J E N Pye
G Roberts
S P Ruffle
J K Setchell
A Seyfour
S Stier
A J S Thomason

No. of candidates sitting: 42
No. of candidates passing: 32
Percentage passing: 76%

Winners of the 2007 AstraZeneca Awards
(for the highest overall score)

Dr S Hollis
Dr D F Maxted
Dr G McDade

ANNEX 7

Award of Diploma in Aviation Medicine for 2007

A Ahmed
B M A Al Hasni
A R L Allsop
A Cabre
C Chua
M M I R Dato Abdul Wahab
B M J Douglas
K G Hughes
Z Mohammad
P N Obi
G Patil
S L Steel
A Storey
J G Stone
T P Sveinbjornson
A C Timperley
M Waldron
E S Wilkinson

No. of candidates sitting: 22
No. of candidates passing: 18
Percentage passing: 82%

Winner of the Stewart Memorial Prize
(for the best examination performance)

Dr A Storey

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)

Dr A Ahmed

ANNEX 8

Award of Diploma in Disability Assessment Medicine for 2008

December 2007 examination

N J Dear
I P Cavilla
A Grenville-Mathers
E M R Lavelle

No. of candidates sitting: 12
No. of candidates passing: 4
Percentage passing: 33%

Winner of the 2007 Corporate Health Prize
(for the best performance in the examination)

Dr N J Dear



fom

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