



**fom**  
Faculty of Occupational Medicine  
of the Royal College of Physicians



2008

Trustees' annual report  
and accounts



# Charitable Objects and Mission Statement


## **Charitable Objects of the Faculty of Occupational Medicine**

The charitable 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

## **Mission Statement of the Faculty of Occupational Medicine**

Our aim is for healthy working lives through:

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



The Faculty Board (Trustees) at the Annual General Meeting, 22 May 2008

**Back row from left to right:**

Julia Smedley, Martin Tohill, Ian Aston, Alastair Leckie, Geoff Denman, Peter Graham and Philip McIlroy

**Seated in front:**

Ray Johnston, David Coggon (President) and Chris Sharp

**Board members not present:**

Sherwood Burge, Mike Gibson, Ian Gilmore, Ali Hashtroudi, Hugh Robertson and Andy Slovak

2008 was an important year for occupational health in the UK. In March, Dame Carol Black published her review, *Working for a healthier tomorrow*, and in November, the Government's response promised a substantial programme of activities to improve health in people of working age. This new strategic focus presents a unique opportunity to advance occupational health care nationally, and the Faculty contributed actively to the thinking behind both reports. In addition, it has taken the lead in implementing several of the initiatives that they propose, working in partnership with Government and with other professional bodies.

One important undertaking has been the development of standards and a system of voluntary accreditation for occupational health services. Specialised occupational health care in the UK is nowadays delivered by a multiplicity of providers, some working for employers "in-house", and others contracted externally. Competition for contracts can be fierce and, especially in times of economic stringency, there is a danger that quality will be sacrificed for short-term financial savings. There is thus a need for benchmarks against which providers can assess their performance and demonstrate their competence. In a project that will continue through 2009, the Faculty has

brought together a multi-professional group to agree standards and pilot methods by which providers can demonstrate compliance with those standards.

Given the many changes that are occurring in the world of work and in the organisation of occupational health services, it is crucial that the Faculty should have a clear vision of how occupational health care can best be provided for the UK population in the future. As a starting point for a strategic overview, we held a lively conference on the topic in December. Following on from that meeting, a discussion document is now being drafted for circulation to the membership. This paper will be revised in the light of comments received, and will then help to guide our activities over the next few years.

Among other things, this strategic review will have important implications for workforce planning, and in particular, the numbers of new specialist occupational physicians that we need to recruit and train. There are indications that over the last couple of years there has been a reduction in the number of training posts in the private sector, and we are monitoring this trend closely. At the same time, we are pushing to increase the profile of occupational medicine in undergraduate curricula.

Another major area of activity during 2008 was our work in collaboration with the General Medical Council, other Colleges and Faculties, and the Society of Occupational Medicine, to develop arrangements for revalidation of doctors. Our aim is for a system that provides a net benefit for the public, while being fair to practitioners. Moreover, we need to take into account the variety of circumstances in which occupational physicians are employed, and the wide range of activities that they undertake. Importantly, processes will be carefully piloted to ensure that they are workable, and they will be refined in response to the lessons learned.

These are just a few highlights of what again has been a busy and productive year for the Faculty. Further details of our activities, and of our objectives for 2009, are set out in the body of this report.

David Coggon  
President

# BOARD OF TRUSTEES, 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 2008:

Dr David Snashall	President (to 22 May 2008)
Professor David Coggon	President-Elect/President (to/from 22 May 2008)
Dr Ian Aston	Elected representative of Regional Specialty Advisers
Professor Sherwood Burge	RCP Representative
Dr Geoff Denman	Elected representative of Wales
Dr Mike Gibson	Universally elected member (from 22 May 2008)
Professor Ian Gilmore	RCP President
Dr Peter Graham	Lay representative (nominated by CBI)
Dr Ali Hashtroudi	Universally elected member
Dr Ray Johnston	Universally elected member
Dr Alastair Leckie	Elected representative of Scotland
Dr Philip McLroy	Universally elected member
Dr Paul Nicholson	Universally elected member (to 7 April 2008)
Mr Hugh Robertson	Lay representative (nominated by TUC)
Dr Chris Sharp	Universally elected member
Dr Andy Slovak	Universally elected member
Dr Julia Smedley	Universally elected member
Dr Martin Tohill	Elected representative of Northern Ireland

## OFFICERS

Except where indicated, the following held office throughout 2008:

Dr Lisa Birrell	Registrar (Deputy President)
Professor Keith Palmer	Academic Dean (Deputy President)
Dr Simon Sheard	Treasurer
Col Jeremy Owen	Director of Training
Dr Dil Sen	Director of Assessment
Dr Jacques Tamin/Dr Rob Thornton	Director of Professional Development (to/from 22 May 2008)
Professor Kevin Holland-Elliott	Director of Communications (to 22 May 2008)
Ms Nicky Coates	Chief Executive

## OTHER KEY APPOINTMENTS

Dr Charlie Wilcock/Dr Jayne Moore	Deputy Director of Training (to/from 1 May 2008)
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
Gp Capt David Gradwell	Chief Examiner DAvMed
Dr Rob Thornton/Dr Katherine Venables	Chief Examiner Research Methods (to/from 1 June 2008)
Dr Keith Pilling	Chief Examiner Accredited Course and Qualifications
Dr Anil Adisesh/Professor K Holland-Elliott	Chief Examiner Workplace-Based Assessments (WBA) (to/from 1 November 2008)
Dr Chris Sharp	Sponsorship Co-ordinator

# PRINCIPAL ADVISORS

Bankers:	Lloyds TSB Bank plc 190 Great Portland Street London W1W 5QZ	Bank of Scotland International Limited 231-233 New Street St Helier Jersey Channel Islands JE4 8YW
Solicitors:	Hempsons Hempsons House 40 Villiers Road London WC2N 6NJ	
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. During 2008 the Faculty applied for charitable status in Scotland and was entered on the Scottish Charity Register with effect from 21 November under charity number SC040060. The Faculty's principal address is:

6 St Andrews Place  
Regent's Park  
LONDON  
NW1 4LB  
[www:facocmed.ac.uk](http://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 2008 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 by 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 2008.

## 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 seems 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.

# STRUCTURE, GOVERNANCE AND MANAGEMENT continued



## **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 2008, together with impact reports are set out under the following five headings: promotion of occupational health and occupational medicine; education and training; professional development and standards; membership; and governance, resources and internal matters.

Objectives for 2009 are set out on pages 20-21.

# PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

## **FIT-FOR-WORK SERVICES**

One of the major proposals that was accepted in the Government's response to the Black review was for the piloting of area-based Fit-for-Work services. The Faculty strongly supports this initiative, and the President has lobbied the Department of Health robustly about the need to ensure that the pilot services are properly evaluated.

## **TRAINING FOR GENERAL PRACTITIONERS**

The Black review also identified a need for better understanding of work and health in primary care. Specialised occupational health services cover only a minority of the working population and, at least in the short term, advice on work and health for the remainder will come mainly from general practice. To meet this need, GPs need appropriate training, and the Faculty has worked with the Royal College of General Practitioners (RCGP) to develop a syllabus and electronic learning materials for use by academic centres. In addition, we have applied for support in constructing a web-based platform so that the material can be accessed on-line as part of GPs' continuing professional development. We have also liaised with the RCGP to ensure that input on work and health is included in the training curriculum for new GPs.

## **WORK WITH OTHER PROFESSIONAL BODIES**

The Black review highlighted a need for better co-ordination between the various professions concerned with work and health, and in response we have joined with other professional bodies in a group that will organise shared activities. Based on our proposals, the group has agreed a set of initial projects, each with clearly defined, achievable and worthwhile outputs. They include oversight for our ongoing work on standards and clinical effectiveness, development of guidance for employers and the public on the meaning of professional qualifications and competencies, sharing of elements in training curricula, and a review of professional resources and workforce planning.

## **CLINICAL EFFECTIVENESS**

The standards that we are developing for occupational health services will, among other things, address the compatibility of practice with evidence-based clinical guidelines and participation in audit. Crucial to this is the work of the Occupational Health Clinical Effectiveness Unit (OHCEU), a joint venture between the Faculty and our parent College. During 2008, OHCEU substantially progressed two new evidence-based clinical guidelines (on dermatitis and upper limb disorders) and conducted multi-centre audits on

the management of back pain and screening for depression in occupational health settings. These guidelines and audits will be published in 2009.

## **ENVIRONMENTAL MEDICINE**

Beyond its focus on the health of workers, the Faculty is concerned also with the impact of industrial processes and products on the health of the public more generally. In this respect, we are one of several Colleges and Faculties that has a special interest in environmental medicine. To explore whether more could be done to promote standards in this area of practice, the Faculty is convening a workshop that will be attended by representatives from the relevant Colleges and Faculties and by senior practitioners in environmental medicine.

## **ACADEMY OF MEDICAL ROYAL COLLEGES**

Throughout 2008, we continued to contribute actively to the work of the Academy of Medical Royal Colleges, particularly on matters relating to training and revalidation.

## **ACADEMIC FORUM OF OCCUPATIONAL MEDICINE AND HEALTH**

The Faculty continues to support the Academic Forum of Occupational Medicine and Health, which it established in 2006 and which is chaired by Professor Mansel Aylward. Although supported by the Faculty, this is an independent body comprising a multidisciplinary membership. In 2008 the Forum's work has included: making a case to the Government about the importance of research in occupational medicine; the impact of the Research Assessment Exercise on occupational medicine and health; and supporting occupational medicine trainees in writing their dissertations.

## **IMPROVING THE HEALTH OF THE NHS WORKFORCE**

In early 2008, the Faculty, in conjunction with the Director-General of the NHS Workforce, established an expert group to consider how the health of the NHS workforce might be improved. This group considered existing evidence and the need for further evidence and action. The outcome was a series of recommendations and it is anticipated that the work of this group will now be taken up as part of a major Government review.

## **CONFERENCES**

As well as the Annual Scientific Meeting in May, the Faculty ran a conference in December entitled: *How should occupational health be delivered in the 21st century?* Following on from this, the Faculty will be producing a discussion paper, with a view to progressing this debate and developing clear Faculty recommendations.



### MEDICAL UNDERGRADUATES

The POHMS (Promoting occupational health in medical schools) project has concentrated on establishing the network of champions or facilitators who will encourage and support medical schools in teaching about occupational medicine and health and the links between health and work. The bank of training materials on the Faculty website continues to be accessed, with around 1700 visits per month.

### LINKS WITH OTHER ORGANISATIONS

There has been close working with the Departments for Work and Pensions and of Health on a number of fronts, as is indicated elsewhere in this report. The new Chief Medical Adviser of the Health and Safety Executive has been invited to address the 2009 Annual Scientific Meeting and the Board has discussed how it might work more effectively with the Confederation of British Industry and Trades Union Congress. The Faculty co-operates with the Society of Occupational Medicine, including on joint responses to consultation documents. And the Faculty has approached the chief medical officers of a number of large companies, with a view to discussing the delivery of occupational health services in those organisations and how they and the Faculty might usefully liaise.



### OBJECTIVES FOR 2008:

- 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 specialists
- 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 Confederation of British Industry, Trades 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
- Seek to improve communications and increase coverage
- Work with others to develop standards and a system of voluntary accreditation for occupational health providers

### IMPACT:

- Although there has been ongoing work with medical schools, the emailing to medical students through medical schools and the website profiles are still being developed
- The re-design of the website was conditional on funding, which was unavailable in 2008, but it is hoped that it will be possible to progress this in 2009
- It did not prove possible to undertake any specific projects with overseas colleagues in 2008
- However, with these exceptions, all objectives were met

# EDUCATION AND TRAINING

## ASSESSMENTS AND SPECIALIST TRAINING

2007 was a 'big bang' year for education and training, in which a new curriculum and revised assessment methods for higher specialist training were negotiated with the Postgraduate Medical Education and Training Board (PMETB). By contrast, 2008 was a year of consolidation and implementation.

Plans had been laid for one centrally administered examination (AFOM – Associateship of the Faculty of Occupational Medicine) to be replaced by a two-part Membership examination; for the introduction of new on-the-job assessments of trainees' performance; and for revised procedures for assessing trainees' research dissertations. In the first quarter enabling changes were made to the Membership Regulations. These laid out the detail of the new framework while preserving the grandfather rights of old curriculum trainees to complete the programme on which they had embarked.

The first sitting of the new Part 1 MFOM (Membership of the Faculty of Occupational Medicine) examination in May 2008 went smoothly. To simplify implementation, the examination was based on the MCQ (multiple choice question) element of the well-established Diploma in Occupational Medicine for generalists and took place in the same sitting as for the Diploma.

Advice was posted in April on changes to the administration of the dissertation; and behind the scenes revised guidelines and pro-formas were prepared for assessors, and generous support secured from the Faculty's Academic Forum to provide an expert pool of research-experienced assessors. Changes to the rules had several motivations: to reduce delays; to optimise the timing of the dissertation within the training programme (many trainees were preparing too late); and to extend the range of eligible material. In 2009 the Faculty will be considering how the objectives of the dissertation can be audited in practice. In addition, with the help of the Forum, the Faculty will lay on at least one training workshop to aid trainees and their educational supervisors in their preparations.

A major task for 2009 will be to develop the Part 2 MFOM examination in anticipation of its 2010 launch. The new examination will be based in terms of learning content on the existing AFOM examination, and will assess a similar range of factual information and competencies; but the assessment methods will be refined to improve the

reliability and relevance of the examination. In 2008 the AFOM examination committee laid the ground by developing a competency/subject matrix (to ensure syllabus coverage) and a question bank of MCQs.

Further infill work will also be required in relation to workplace-based assessments (WBAs). These locally conducted on-the-job assessments of trainee performance were introduced in 2008 with the aim of formalising previous ad hoc arrangements for trainer-trainee interaction and feedback. Familiarisation workshops were staged in January in Manchester and in September in Scotland. And the Faculty appointed its first ever pool of external assessors in WBAs to assist with quality assurance checks. The role of external assessor will be formally tried out in 2009. In the meantime there are encouraging signs that the new system is bedding in. The Faculty views WBAs as formative tools with added educational value, and feedback to date suggests that stakeholders tend to share this perception.

The changes to specialist training, introduced in 2007 and planned through to 2010, are by any standards extensive. As details have been elaborated a stakeholders' information campaign has been staged covering newsletter items, web-based information sheets, revised guidance, occasional workshops, briefings to Regional Specialty Advisers and a thoroughly updated Specialty Training Handbook.

## EXTERNAL RELATIONS

Several of the new arrangements for specialist training were necessitated in part by outside forces. One special challenge for a small specialty lies in managing external stakeholder expectations.

Outwith occupational medicine the fallout of the Medical Training Application Service (MTAS) continues to be felt, as does a relentless pressure for change. A symptom of this is that the *Gold Guide* (the Department of Health (DH) bible on how specialist training should operate), which replaced the long-serving *Orange Guide* in 2007, is to be revised annually going forwards. RITA/ARCP (Record of in-training assessment/Annual review of competence progress) panellists in some specialties may therefore come to assess trainees under three or four sets of different rules, explained in several different training handbooks. Other symptoms include Academy of Medical Royal College proposals for new PMETB-approved generic curricula in medical management, good medical practice and health inequalities, and for a new post-F2 (Foundation Year 2) selection examination; and revised rules for run-through training.



The Faculty, with relatively few helpers to share an ever burgeoning workload, has eschewed this complexity with its potential for confusion and mishap. Our strategy is to monitor developments but to make only those changes that are strictly essential or which represent a major return on invested effort; and to allow sufficient time for the substantial changes of 2007 to bed in. For example, the 2007 curriculum (which already covers medical management and good medical practice), is unlikely to change, and short-term revision of the 150-page Specialty Training Handbook is not envisaged.

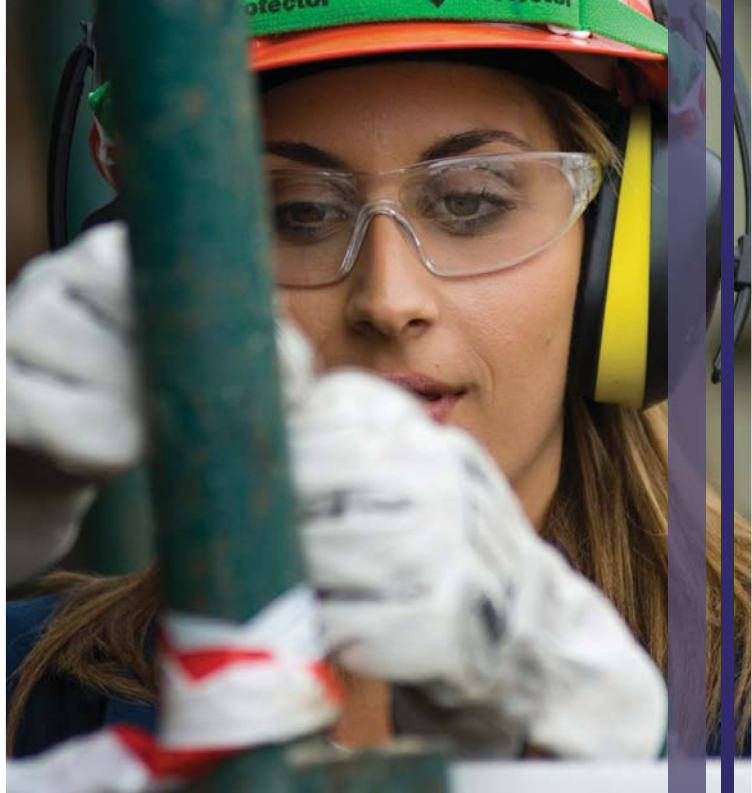
In 2008 the PMETB introduced a new mandatory annual return for Colleges and Faculties, enabling those seeking change to report minor amendments to their curricula and assessment schemes and to bid for major amendments. The Faculty submitted its return in October but sought no major changes.

A second report required by the PMETB was submitted in November. This set out the Faculty's forward plan to comply with five PMETB assessment standards, covering such issues as the choice and testing of assessment methods, the training of examiners, record keeping, lay involvement in standards, and supporting resources. The Faculty is compliant already in many of the key areas, but infill work is envisaged to evaluate new assessment tools.

At the deanery level, the last couple of years have witnessed the founding of schools of occupational medicine, directly or within the aegis of wider public health or medical configurations. The Faculty has contributed directly to the process when invited, and otherwise through the influence of its senior regional representatives. NHS recruitment into the specialty in 2008 followed a centralised approach, according to an MMC-initiated (Modernising Medical Careers) model. However, stakeholders perceived arrangements as cumbersome and inflexible and the Faculty lobbied successfully to restore the former arrangement of local recruitment.

#### **TRAINING IN PRIMARY CARE**

As referred to elsewhere, 2008 saw the publication of the Black review with its many ramifications. One that bears on education and training was a more sustained effort by the Faculty, in concert with key stakeholders, to improve the knowledge and confidence of GPs in handling health, work and well-being issues. During the year a steering group, led by the Faculty and with representation from the Royal College of General Practitioners (RCGP) and financial support from the Department for Work and Pensions (DWP), developed a free introductory training package for primary care. The Faculty and RCGP have jointly bid to the DH for resource to launch the package online, with the intention of integrating it with the various web-based learning opportunities offered by the RCGP. The work will be taken forwards in 2009. The Faculty is also in discussion with the Society of Occupational Medicine, the RCGP and the DWP about related initiatives, including a putative learning portal and discussion forum on health, work and well-being for GPs.



Much work remains to be done on the education and training front. 2009 and 2010 will be active periods, liable to influence the delivery of specialist training over the next decade and also the support given to generalist colleagues. The Faculty benefitted enormously from the wholehearted support of its members and staff in 2008. We welcome their continuing assistance in 2009, and we encourage any new volunteers from the membership to contact us and share in the effort.

Further details of the Faculty's Education and Training programme can be found on the Faculty website at: [www.facocmed.ac.uk/edtrain/index.jsp](http://www.facocmed.ac.uk/edtrain/index.jsp).

#### **OBJECTIVES FOR 2008:**

- 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
- 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
- Develop educational and competency frameworks in occupational health for GPs at various levels
- Rewrite the Membership regulations
- Launch the new model of HAVS (Hand Arm Vibration Syndrome) assessment and attendant changes
- Encourage subsidy for specialist training undertaken in non-NHS posts

#### **IMPACT:**

- All of the objectives except the last two have been met
- The Faculty still hopes in light of the Black review that there may be DH support for specialist training outwith NHS posts, but this is not yet confirmed

# PROFESSIONAL DEVELOPMENT AND STANDARDS



## PARTICIPATION IN THE FACULTY'S CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SCHEME

In 2007 there were 459 returns submitted under the Faculty's CPD scheme. There were 435 in 2006, representing a 5.5% increase in total returns which continues the rising trend seen in recent years:

2001	2002	2003	2004	2005	2006	2007
257	292	340	368	416	435	459

However, of the 459 only 400 were from Members or Fellows working in the UK which represents 67% of the possible 594 and is a disappointing fall from 74% in 2006 and 71% in 2005. It is unlikely that all of the remaining 194 do not intend to revalidate; those who do are creating additional complications that they will have to resolve with a Responsible Officer in due course. A Responsible Officer will be a senior doctor within a healthcare organisation with a specific responsibility for those aspects of clinical governance linking to medical revalidation. Since many occupational physicians do not work within healthcare organisations, the Faculty is planning to establish a small team of Responsible Officers who can provide this service to such doctors.

## REVALIDATION

Revalidation will affect all doctors who wish to retain a licence to practise beyond October 2009. There have been several key publications and consultations in the last year from the Chief Medical Officer and the General Medical Council, which the Faculty has contributed to where appropriate. It is also a contributor to the work being done through the Academy of Medical Royal Colleges on the role of Colleges and Faculties in developing standards for revalidation, and the Academy is funding some of the work strands; it is hoped that this will include an electronic CPD diary. A copy of the Faculty's *Standards for Revalidation in Occupational Medicine* is available on the website and has attracted a significant degree of comment, most of it very positive. More detail is available on the Faculty website at:

<http://www.facocmed.ac.uk/cpd/reval.jsp>.





#### OBJECTIVES FOR 2008:

- Increase participation in 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 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine (SOM) and Royal Society of Medicine (RSM) Occupational Medicine Section
- Run an Annual Scientific Meeting and one other conference
- Produce new or updated guidance as appropriate
- 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)

#### IMPACT:

- Overall participation in CPD has increased though not in the Fellows/Members in current UK practice
- The message about CPD, particularly in relation to revalidation, has been emphasised in presentations, direct communications to members and on the website
- The Faculty has been actively involved in developments in revalidation
- The Faculty and RSM are represented on the SOM Education Panel to provide input on CPD events
- The Annual Scientific Meeting was held in May and a conference on the delivery of occupational health was held in December
- A draft version of *Good Occupational Medicine Practice* was placed on the website and members invited to comment
- A Clinical Governance Committee was not deemed to be necessary at this stage
- The Faculty worked with the Royal College of Physicians and the Occupational Health Clinical Effectiveness Unit to promote and promulgate the work of the unit
- A number of consultation documents were responded to, including:
  - Dame Carol Black's review *Working for a healthier tomorrow*
  - Royal College of General Practitioners' consultation: *A Review of GP specialty training*
  - General Medical Council consultation: *Guidance for doctors on confidentiality (a review of Confidentiality: protecting and providing information (2004))*
  - General Medical Council consultation: *The translation of 'Good Medical Practice' into a framework for appraisal and assessment*

# 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 occupational physicians, 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 to encourage the teaching of occupational health in medical schools. In 2008, we exhibited at the National Exhibition Centre, Birmingham, in February and at the London BMJ Careers Fair in October; members also used the Faculty exhibition at local venues including Sheffield and Leeds Universities and the Royal Society of Medicine.

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. At the Annual General Meeting in May 2008, the membership agreed that Membership *ad eundem* should be offered to such occupational physicians. The application process is currently being finalised.

That having been said, the Faculty's membership remains steady at around 1700, including just over 600 working-age specialists and over 300 working-age Associate members.

This static membership is a matter of concern to the Board and it plans to devote the 2009 away day to addressing this.

2008 was the third year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf Howe, who died in 2003. The third Wilf Howe Memorial Prize for innovative practice, was awarded to Professor David Koh for his work on implementing and evaluating a successful condom promotion intervention project for brothel-based sex workers in Singapore. Our thanks are due to Mrs Lyn Howe for her committed support of this prize.

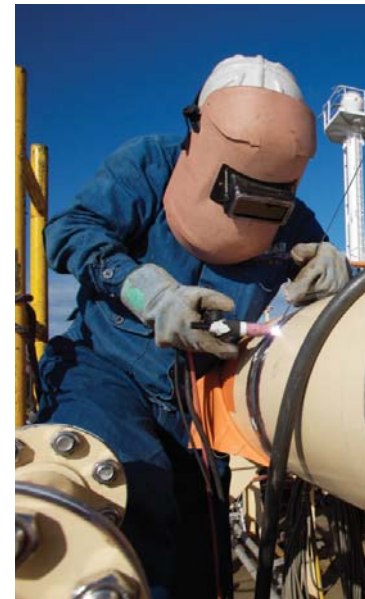
## OBJECTIVES FOR 2008:

- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating diplomates
- Make approaches to other occupational health professions
- Consider feasibility of environmental medicine conference or other project

## IMPACT:

- The decision to renew the exhibition materials was revisited, and it was decided that renewal in 2008 was not necessary
- Also, no specific work was undertaken to consider how to improve services to affiliating diplomates
- However, with these two exceptions, all objectives were met

# GOVERNANCE, RESOURCES AND INTERNAL MATTERS



The Faculty was successful in making a number of applications for finance and agreements which have resulted in some important pieces of work being funded. This has included the project to create health and work training materials for GPs and the work to promote occupational health in medical schools – both supported by the Department for Work and Pensions. The Department of Health gave financial support for the initial stages of the work to develop standards for occupational health services and also for the project concerned with improving the health of the NHS workforce. The Faculty is still hopeful of a grant from the Department of Health, to support its work on curriculum implementation and on promoting the specialty.

## OBJECTIVES FOR 2008:

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

## IMPACT:

- A number of new funding streams were established
- The Faculty has been in discussion about premises with the Royal College of Physicians (detailed in the Finance Review)
- The Standing Orders were updated
- A new corporate image was agreed and implemented
- Publications were actively marketed, although work on marketing examinations has still to be undertaken
- A major review of staffing roles and structures was instigated



# FINANCE REVIEW

The information in this 2008 Review is extracted from the full Financial Statement audited by Kingston Smith. A brief description of the categories of Faculty funds is given below.

General Funds are resources that are received and applied to the general objectives of the Faculty; they do not have any specific conditions attached to their use. Designated Funds are funds that the Faculty has earmarked out of unrestricted funds but which can be transferred back to General Funds if the Faculty decides to do so. Restricted Funds are given to the Faculty for specific purposes and must be used solely for those purposes.

## POLICY ON INVESTMENTS

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 generous arrangements from the Royal College of Physicians terminate in 2010.

Last year the Treasurer was pleased to report a healthy position for the Faculty with an increase in total assets to £885,279. This year the situation is predictably less rosy given the current financial climate. The Faculty's assets at the end of 2008 were £862,529 which represents an "apparent loss" of £22,750 on the year.

This loss is entirely explained by the losses on our investments of 86,851 units in Schoders Charity Equity Fund which fell from 465.70p to 365.50p in the year. The fund which invests in all commodities in fact continued to hold up quite well in a difficult environment, the 24.3% drop in value out-performing the FTSE All Share Index which fell 33%. The view in October 2008, and maintained now, is that whilst the outlook for the next 6-12 months may be poor and that markets will remain volatile, this risk is outweighed by the value and potential opportunity that exists on a three to five year timescale. Unfortunately for the Faculty these investments were set aside to assist us towards the end of 2010 - a date midway in these timescales. However we are optimistic that at the same time as the value of our investments has reduced that potential property costs will also have fallen!

In any event, following the April 2009 meeting of the Treasurers of the Royal Colleges and Faculties (where an agenda item tabled is consideration of "maximising investment opportunities with

minimised risk to capital") the Treasurer will present to the Trustees a proposal for our investments over the next eighteen months to dovetail with our property plans. In the meantime we are pleased to say that the College has reassured us that as they actively seek new property in the locality the needs of the Faculty (and indeed the Society of Occupational Medicine and other parties) are not forgotten and that it seems likely that this optimism with regard to increased choice and reduced costs of suitable property may be well founded.

## GENERAL FUNDS

Investments aside, a healthy operational profit was generated on a general budget of around £800,000. In the event, we are pleased to report a surplus of £87,606 of incoming over expended resource.

The surplus has been achieved primarily by an increase in qualification and training income and despite anticipated associated increased costs. These costs have been contained through the efforts of the Faculty staff, Trustees and members. It should be noted that staff costs did not increase in 2008 and that in the end we did not use the proportion of the 2007 surplus allocated for a new staff member planned to begin the essential planning and co-ordination of this area of our 2008 activities. The Faculty has, however, with paid external assistance, reviewed staff activity and it is confirmed that alternative arrangements are likely to be needed in the future. On this note we are pleased to say that the grant we applied for from the Department of Health to support such essential work is being met with a most positive response.

The Trustees wish to express their gratitude for the significant amount of work members contributed without any remuneration or benefit during the year. There is an awareness of the need to limit expenses and it is noteworthy that this year the expenses for 15 Trustees amounted to only £2,682.

In 2008 our targeted approach, which costs extra time and money, to those whose subscription payments are late has been less successful than of late with a reduction in collection rates. To this end consideration will be given to the application of a surcharge to late payments as some of the other Colleges and Faculties do and which is an approach which would be consistent with our charge for late Continuing Professional Development submissions.

## RESERVES POLICY

The policy of the Trustees is to accumulate a free reserve equivalent to six months expenditure. The reserve will allow unexpected circumstances to be faced without the risk of financial ruin.



At 31 December 2008, the Faculty's total reserves stood at £862,529. Of the total reserves, £327,441 is in the designated fund set aside to fund new premises arrangements and £149,724 is in restricted funds. The remainder, that is the Faculty's free reserves, therefore stood at £385,364. The Faculty has budgeted in general funds for expenditure in 2009 of £774,778 which means that its free reserves currently constitute no more than 6 months running costs. The Faculty cannot therefore be complacent and still needs to continue to build on its free reserves to maintain the six months expenditure as set out in the reserves policy.

### BUDGET 2009

In line with our work plans for 2009, the Board has agreed a very small surplus balance on general funds. The Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans. In the meantime the Trustees remain 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 and Frances Quinn in the Faculty office, for their unremitting efforts throughout the year, together with the sponsors and supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

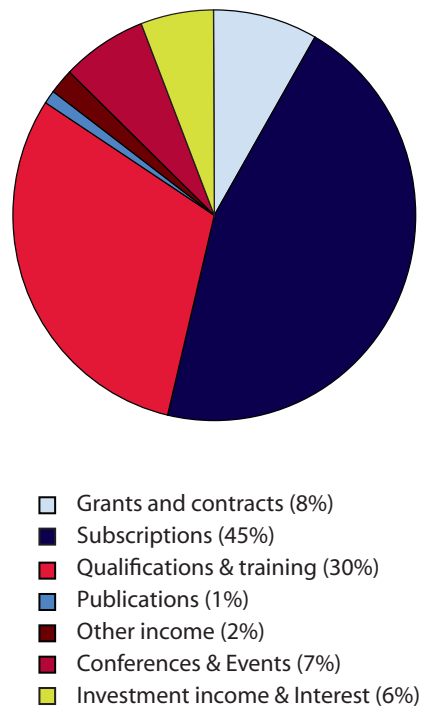
### SPONSORSHIP AND GRANTS

The last year had been increasingly difficult, as we all know, for all enterprises and the immediate future is set to be very challenging! The majority of businesses had anticipated some downturn and budgets were under very close scrutiny. Consequently, the Faculty's needs did not necessarily score high on the discretionary spends of our potential sponsors. Fortunately, 2008 was not a "high" spend year for the Faculty. However, we were able to obtain some very limited sponsorship, as well as some grants, and we are very grateful to the organisations below for providing support to projects despite the situation.

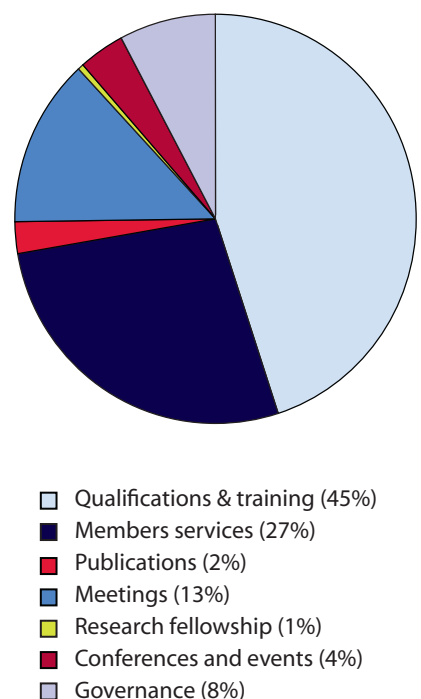
Academy of Medical Royal Colleges  
 Capita Health Solutions  
 Department of Health  
 Department for Work and Pensions  
 UNUM

On a very positive note for 2009, several organisations have committed to support us for the 30 year celebration at the House of Lords and for other work in the year.

### INCOME £781,124



### EXPENDITURE £697,504



# OBJECTIVES FOR 2009

## 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
- Continue work on occupational health awareness for GPs and other specialists
- Develop the Faculty's vision of how occupational health care can best be delivered at national level
- Continue to work with multidisciplinary groups to improve the health of the NHS workforce
- Seek opportunities to promote the specialty to medical undergraduates, including: emailing medical students, through medical schools, to draw to their attention occupational medicine as a career; developing website profiles of occupational physicians; and developing the new bank of training materials in occupational health
- 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, Trades Union Congress, Health and Safety Executive, Health Protection Agency, Department of Health, Department for Work and Pensions, the Postgraduate Medical Education and Training Board (PMETB) and other Colleges and Faculties
- 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. If such funding is not available, undertake a limited website review
- Seek to improve communications and increase press coverage
- Complete project to develop standards and a system of voluntary accreditation for occupational health providers; plan and implement the next steps eg promulgating standards and promoting accreditation
- Explore the scope for further collaboration with occupational medicine institutions in Europe

## EDUCATION AND TRAINING

- Effect a smooth implementation of the new curriculum
- Develop and pilot the part 2 Membership (specialist) examination and prepare for its administration (to include OSPE (Objective Structured Practical Examination) training for examiners and developing question banks for each examination component)
- Implement, review and audit revised arrangements for the dissertation
- Offer at least one training event to assist trainees preparing for the dissertation; develop resource information that would help them (eg, a list of Members prepared to be academic advisers)
- Regional Specialty Advisers (RSAs):
  - Continue to improve the support to RSAs
  - Seek ways of making the RSA appointments more 'attractive' to encourage more applicants when posts become vacant and to develop future RSAs
  - Clarify the RSA relationship with regional deaneries
- Regional deaneries:
  - Continue the drive to ensure that occupational medicine is represented appropriately within regional deaneries
  - Improve communication (both ways) between deaneries and the Faculty
  - Improve the communication and links with deanery occupational medicine Specialty Training Committees
- Maintain good communication links with PMETB, Managing Medical Careers and the Academy of Medical Royal Colleges Specialty Training Subcommittee



### **EDUCATION AND TRAINING (continued)**

- Continue to develop appropriate recruitment and selection strategies that are tailored for occupational medicine applicants
- Ensure the new model of the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly
- Promote the educational and competency frameworks in occupational health for GPs developed in 2008 and consider opportunities for other work with GPs at various levels
- Undertake the necessary development work to comply with PMETB training standards 8, 10, 12, 13 and 16
- Pilot the role of external assessors in workplace-based assessments (WBAs) and begin to evaluate WBA tools
- For Trainers/Educational Supervisors, continue to develop, publicise and support the training arrangements for the new curriculum
- Support the Academic Forum for Occupational Medicine and Health
- Run an Annual Scientific Meeting, and two other conferences, with a view to one being run in Scotland
- Consider how to enhance connections with environmental medicine through, eg a conference, support/services for doctors in environmental medicine

### **PROFESSIONAL DEVELOPMENT AND STANDARDS**

- Actively participate in developing revalidation through the work of the Academy of Medical Royal Colleges Revalidation Development Group and its various working groups
- Take up opportunities for funding from the Academy for Continuing Professional Development (CPD) and revalidation
- Develop a model for revalidation in occupational medicine that minimises the additional bureaucracy and cost to members whilst being sufficiently robust to satisfy the requirements of patients, members and the General Medical Council (GMC)
- Introduce an on-line CPD diary that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel to the current paper-based system to give members a choice, but with the aim of migrating to an on-line only system within a few years
- Audit all CPD returns on a rolling 5 year basis (replacing the current random audit)
- Develop standards for revalidation in occupational medicine based on the GMC's generic framework, which will be incorporated into a GMC book on specialty standards for revalidation
- Develop materials for workplace based-assessments for potential use in revalidation
- Develop proposals to pilot revalidation for Faculty members, as appropriate
- Work with other Colleges/Faculties to develop existing tools for workplace-based assessments to use in revalidation where required
- Develop a scheme for providing a Responsible Officer function for members working outside a designated managed organisation
- Encourage members to participate in appraisal and CPD by providing regular updates on developments in revalidation
- Publicise the availability of CPD scheme on request to non-members

### **MEMBERSHIP**

- Attend at least one medical careers fair
- Review ways of improving services to affiliating diplomates
- Post on website summaries of proceedings of the Board
- Ensure that Faculty activities fully embrace all four UK countries
- Explore the scope for a joint meeting in Northern Ireland with the occupational medicine group/health community in Ireland
- Board members to take opportunities to seek feedback from members on Faculty services

### **GOVERNANCE, RESOURCES AND INTERNAL MATTERS**

- Seek funding from new sources in order to be able to expand staffing to meet new demands, with a view to improving office efficiency
- Implement outcome of review staff roles and workloads
- Draw up premises plan for 2010 when lease terminates
- Actively market publications and examinations

# STATEMENT OF TRUSTEES' RESPONSIBILITIES

The trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

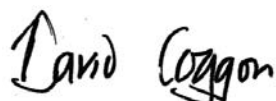
The law applicable to charities in England & Wales and Scotland requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgments 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 charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 1993, the Charity (Accounts and Reports) Regulations 2005, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the provisions of the governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

**APPROVED** by the Trustees on 1 April 2009 and signed on their behalf by:



**President:** Professor D N M Coggon OBE MA PhD DM  
FRCP FFPH FFOM FMedSci



# **ANNEX 1: AUDITED ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2008**

## **Contents**

Independent Auditors' Report	24
Statement of Financial Activities	25
Balance Sheet	26
Notes to the Financial Statements	27-34

# INDEPENDENT AUDITORS' REPORT

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2008 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 charity's trustees 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 charity and the charity's trustees 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 under section 44(1) (c) of the Charities and Trustee Investment (Scotland) Act 2005 report in accordance with regulations made under those Acts. 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, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006. We also report to you if, in our opinion, the Trustees' Annual 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 other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises only the President's Statement and the Trustees' Annual Report. We consider the implications for our report if we become aware of any apparent

misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

## BASIS OF AUDIT OPINION

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

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

## OPINION

In our opinion the financial statements:

- give a true and fair view, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 31 December 2008 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, the Charities and Trustee Investment (Scotland) Act 2005, and regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

Kingston Smith LLP  
Chartered Accountants and Registered Auditors  
Devonshire House  
60 Goswell Road  
London  
EC1M 7AD

Date: May 2009

# STATEMENT OF FINANCIAL ACTIVITIES

## Year ended 31 December 2008

	Notes	Unrestricted funds			Total 2008	Total 2007
		Designated Funds	General Funds	Restricted Funds		
		£	£	£		
<b>INCOMING RESOURCES</b>						
<b>Incoming resources from generated funds</b>						
Voluntary income	2	-	-	-	-	7,450
Investment income	3	19,345	16,596	10,090	46,031	42,448
<b>Incoming resources from charitable activities</b>						
Subscriptions		-	354,675	-	354,675	344,599
Qualification and training income		-	238,216	-	238,216	194,405
Publications		-	8,970	-	8,970	16,773
Other income		-	15,321	-	15,321	15,759
Conferences and events		-	53,858	-	53,858	94,482
Grants and contracts for publications, training and conferences	2	-	45,550	18,503	64,053	19,429
<b>Total incoming resources</b>		<u>19,345</u>	<u>733,186</u>	<u>28,593</u>	<u>781,124</u>	<u>735,345</u>
<b>RESOURCES EXPENDED</b>						
<b>Charitable activities</b>	4	-	628,828	14,520	643,348	575,483
<b>Governance costs</b>	6	-	54,156	-	54,156	54,695
<b>Total resources expended</b>		<u>-</u>	<u>682,984</u>	<u>14,520</u>	<u>697,504</u>	<u>630,178</u>
<b>Net income</b>		19,345	50,202	14,073	83,620	105,167
<b>Recognised gains/losses</b>						
Unrealised gains/(losses) on investments	10	(106,370)	-	-	(106,370)	(2,693)
<b>Net movements in funds for the year</b>		<u>(87,025)</u>	<u>50,202</u>	<u>14,073</u>	<u>(22,750)</u>	<u>102,474</u>
Fund balances brought forward at 1 January 2008		<u>414,466</u>	<u>335,162</u>	<u>135,651</u>	<u>885,279</u>	<u>782,805</u>
<b>Fund balances carried forward at 31 December 2008</b>		<u><u>£327,441</u></u>	<u><u>£385,364</u></u>	<u><u>£149,724</u></u>	<u><u>£862,529</u></u>	<u><u>£885,279</u></u>

All income has been generated from continuing operations.

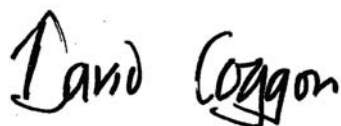
All recognised gains are included in the Statement of Financial Activities.

# BALANCE SHEET

## 31 December 2008

		2008		2007	
	Notes	£	£	£	£
<b>FIXED ASSETS</b>					
Tangible assets	9		2,827		5,072
Investments	10		317,441		404,466
			<hr/>		<hr/>
			320,268		409,538
<b>CURRENT ASSETS</b>					
Stocks	11	4,922		5,032	
Debtors	12	116,501		66,685	
Cash on deposit		626,025		548,806	
Cash at bank and in hand		20,001		23,891	
		<hr/>		<hr/>	
		767,449		644,414	
<b>CREDITORS: amounts falling due within one year</b>	13	(225,188)		(168,673)	
		<hr/>		<hr/>	
<b>NET CURRENT ASSETS</b>			542,261		475,741
			<hr/>		<hr/>
<b>NET ASSETS</b>			£862,529		£885,279
			<hr/> <hr/>		<hr/> <hr/>
<b>REPRESENTED BY:</b>					
<b>Unrestricted funds</b>					
General funds	15	385,364		335,162	
Designated funds	15	327,441		414,466	
		<hr/>		<hr/>	
			712,805		749,628
			<hr/>		<hr/>
<b>Restricted funds</b>	15		149,724		135,651
			<hr/>		<hr/>
<b>TOTAL FUNDS</b>	16		£862,529		£885,279
			<hr/> <hr/>		<hr/> <hr/>

The financial statements were approved and authorised for issue by the Board of Trustees on 1 April 2009 were signed below on its behalf by:





**President:** Professor D N M Coggon OBE MA PhD DM FRCP FFPH FFOM FMedSci

**Treasurer:** Dr S C Sheard MB ChB MMedSci FFSEM FFOM



# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

### 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.

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

### 2 GRANTS CONTRACTS AND DONATIONS

Voluntary	Designated £	Restricted £	General £	Total 2008 £	Total 2007 £
<b>Donations and legacies</b>					
Dr P L Pelmeary Legacy	-	-	-	-	7,450
	-	-	-	-	7,450
<b>Grants and contracts</b>					
AoMRC Revalidation work	-	4,000	-	4,000	-
Corporate Health Mobbs Travelling Fellowships	-	-	-	-	10,000
Department of Health Training grant	-	2,200	-	2,200	2,429
Project funds	-	9,672	-	9,672	-
Department for Work and Pensions GP Training project	-	-	45,550	45,550	-
POHMS	-	1,500	-	1,500	-
Rood Lane Medical Group	-	-	-	-	2,000
UNUM Academic forum	-	1,131	-	1,131	-
	-	18,503	45,550	64,053	14,429
<b>Gifts in kind</b>					
Trustees Away day	-	-	-	-	5,000
	-	-	-	-	5,000
<b>Total</b>	-	£18,503	£45,550	£64,053	£19,429

### 3 INVESTMENT INCOME

	Designated £	Restricted £	General £	Total 2008 £	Total 2007 £
Bank interest	-	10,090	16,596	26,686	26,988
Dividends	19,345	-	-	19,345	15,460
	£19,345	£10,090	£16,596	£46,031	£42,448

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

4 ANALYSIS OF COSTS	Direct Costs £	Direct Salaries £	Support Costs £	Total 2008 £	Total 2007 £
Qualification and training	75,102	152,658	85,555	313,315	241,202
Members services	135,020	26,417	29,608	191,045	159,967
Publication costs	2,997	5,212	7,806	16,015	27,806
Meeting costs	51,189	20,043	22,918	94,150	95,951
Research fellowship	1,405	283	1,533	3,221	8,170
Conferences and events	16,396	2,527	6,679	25,602	42,387
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	282,109	207,140	154,099	643,348	575,483
<b>Governance costs</b>	24,051	13,830	16,275	54,156	54,695
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<u>£306,160</u>	<u>£220,970</u>	<u>£170,374</u>	<u>£697,504</u>	<u>£630,178</u>

5 BREAKDOWN OF SUPPORT COSTS	2008 £	2007 £
Staff costs	47,729	69,622
Agency staff costs	16,697	927
Communication	2,655	3,374
Printing, postage and stationery	15,861	17,843
Premises costs	31,091	28,945
Repairs and maintenance	26,812	21,349
Advertising and recruitment	9,585	6,042
Accountancy fees	7,127	7,072
Depreciation	3,273	2,930
Other direct costs	9,544	7,781
	<hr/>	<hr/>
	£170,374	£165,885
	<hr/>	<hr/>

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

6 GOVERNANCE COSTS	2008 £	2007 £
Salary costs	13,830	19,982
Support costs allocation	16,275	15,846
Audit fees	6,170	5,251
Audit fees – prior years	1,125	450
Meeting costs	10,629	10,355
AGM costs	1,192	211
Annual report costs	4,935	2,600
	<hr/>	<hr/>
	£54,156	£54,695
	<hr/>	<hr/>

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

### 7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2007: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £2,682 (2007: 15 Trustees - £3,055).

### 8 STAFF COSTS

	2008 £	2007 £
Wages and Salaries	229,496	232,777
Social security costs	24,238	24,552
Pension costs	10,958	16,099
	<hr/>	<hr/>
	£264,692	£273,428
	<hr/> <hr/>	<hr/> <hr/>

The average number of full-time equivalent employees during the year was:

7	8
---	---

One member of staff was remunerated in the £60,001 to £70,000 range (2007 – one). The associated pension costs of this individual were £5,940 (2007 - £5,940).

### 9 TANGIBLE FIXED ASSETS

	Fixtures and fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2008	14,331	38,553	52,884
Additions	-	1,028	1,028
	<hr/>	<hr/>	<hr/>
At 31 December 2008	14,331	39,581	53,912
	<hr/>	<hr/>	<hr/>
<b>Depreciation</b>			
At 1 January 2008	14,331	33,481	47,812
Charge for the year	-	3,273	3,273
	<hr/>	<hr/>	<hr/>
At 31 December 2008	14,331	36,754	51,085
	<hr/>	<hr/>	<hr/>
<b>Net Book Value</b>			
At 31 December 2008	-	£2,827	£2,827
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
At 31 December 2007	-	£5,072	£5,072
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

<b>10 INVESTMENTS</b>	<b>2008</b>	<b>2007</b>
	<b>£</b>	<b>£</b>
<b>Quoted investments</b>		
At 1 January 2008	404,466	391,699
Additions	19,345	15,460
Unrealised gains/(losses)	(106,370)	(2,693)
	<hr/>	<hr/>
At 31 December 2008	£317,441	£404,466
	<hr/> <hr/>	<hr/> <hr/>
Historical cost	£330,945	£312,132
	<hr/> <hr/>	<hr/> <hr/>
No of units	86,851	86,851
Valuation	365.50p	465.70p
Investments consist of 86,851 units in Schroders Charity Equity Fund.		
<b>11 STOCKS</b>	<b>2008</b>	<b>2007</b>
	<b>£</b>	<b>£</b>
Stocks comprise:		
Publications for resale	£4,922	£5,032
	<hr/> <hr/>	<hr/> <hr/>
<b>12 DEBTORS</b>	<b>2008</b>	<b>2007</b>
	<b>£</b>	<b>£</b>
Accrued income	58,378	36,149
Other debtors	34,101	11,735
Prepayments	24,022	18,801
	<hr/>	<hr/>
	£116,501	£66,685
	<hr/> <hr/>	<hr/> <hr/>
<b>13 CREDITORS: : amounts falling due within one year</b>	<b>2008</b>	<b>2007</b>
	<b>£</b>	<b>£</b>
Trade creditors	50,131	13,682
Accruals	54,478	50,136
Deferred income - examination fees received in advance	22,073	17,140
- subscriptions in advance	89,157	87,204
VAT due	8,820	-
Pension liability	529	511
	<hr/>	<hr/>
	£225,188	£168,673
	<hr/> <hr/>	<hr/> <hr/>

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

### 14 DEFERRED INCOME

	Examination fees £	Subscriptions £	Total £
Balance at 1 January 2008	17,140	87,204	104,344
Amounts released to incoming resources	(17,140)	(87,204)	(104,344)
Amount deferred in the year	22,073	89,157	111,230
	<hr/>	<hr/>	<hr/>
Balance at 31 December 2008	£22,073	£89,157	£111,230
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

### 15 FUNDS

a) Restricted funds	As at 1 January 2008 £	Incoming Resources £	Interest Allocation £	Outgoing Resources £	As at 31 December 2008 £
<b>Good Practice Guidelines Funds</b>					
Esso Publications Fund	15,594	-	1,166	-	16,670
Rolls Royce Guidelines	10,631	-	795	-	11,425
UNUM Fund	7,128	-	533	-	7,661
<b>Academic Activities Funds</b>					
Donald Hunter Lecture	10,341	-	767	161	10,947
Ernestine Henry Lecture	2,841	-	212	-	3,053
Esso Research Fellowship Funds	38,716	-	2,894	-	41,610
Mobbs Travelling Fellowship	41,525	-	3,088	420	44,194
Shell Fellowship	869	-	65	-	934
Wilf Howe Fund	5,064	-	357	571	4,850
William Taylor Memorial Fund	2,942	-	213	188	2,967
<b>Other Funds</b>					
AoMRC revalidation work Department of Health - Training grant	-	4,000	-	877	3,123
NHS OH project	-	2,200	-	-	2,200
OH standards project	-	6,846	-	6,846	-
Department for Work and Pensions POHMS project	-	2,826	-	2,826	-
UNUM Academic forum	-	1,500	-	1,500	-
	-	1,131	-	1,131	-
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	135,651	18,503	10,090	14,520	149,724
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>



# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

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

**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 negotiated an alternative use with the provider. A project on back pain was supported in 2008 for completion in 2009.

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

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

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

**Eso 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.

**Mobbs Fellowship Fund** was set up to provide travelling fellowships. No fellowships were awarded in 2008.

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

**Wilf Howe Fund** provides a prize for an innovative project in memory of Dr Wilf Howe.

**William Taylor Memorial Fund** provides funds for an examination prize.

**Academy of Medical Royal Colleges** provides funding for revalidation development work.

### Department of Health:

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

**NHS Occupational Health (OH) project** provides funding for improving the health of the NHS workforce.

**Occupational Health standards project** provides funding to develop standards for OH services.

### Department for Work and Pensions:

**Promoting occupational health in medical schools (POHMS) project** provides funding towards promoting the understanding of OH to medical schools.

**UNUM Academic forum** provides funding towards the cost of the Academic Forum.

15 FUNDS (continued)	As at 1 January 2008 £	Incoming Resources £	Losses on investments £	Outgoing Resources £	As at 31 December 2008 £
<b>b) Designated funds</b>					
Capital fund	404,466	19,345	(106,370)	-	317,441
BUPA award	10,000	-	-	-	10,000
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	414,466	19,345	(106,370)	-	327,441
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>c) General funds</b>	335,162	733,186	-	682,984	385,36
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
<b>Total funds</b>	<u>£885,279</u>	<u>£781,124</u>	<u>£(106,370)</u>	<u>£697,504</u>	<u>£862,529</u>

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.

BUPA Awards money has been set aside towards the production of publications and guidance.

## 16 ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

	Unrestricted			Total £
	Designated £	General £	Restricted £	
Tangible fixed assets	-	2,827	-	2,827
Investments	317,441	-	-	317,441
Net current assets	10,000	382,537	149,724	542,261
	<hr/>	<hr/>	<hr/>	<hr/>
	<u>£327,441</u>	<u>£382,537</u>	<u>£149,724</u>	<u>£862,529</u>

# NOTES TO THE FINANCIAL STATEMENTS

## Year ended 31 December 2008

### 17 OPERATING LEASE COMMITMENTS

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

	2008 £	2007 £
Leases which:		
Expire within one year (office equipment)	-	638
Expire between 2 and 5 years (land and buildings)	2,108	2,108
Expire between 2 and 5 years (office equipment)	4,261	-
	<hr/> £6,369	<hr/> £2,746

### 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.

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 2008.

**ANNEX 2:**  
**List of Committee, Subcommittee,  
Advisory and Working Group  
memberships, Regional Specialty  
Advisers, Representatives and those  
who have examined in 2008**

# LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED IN 2008

## 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 Subcommittees, 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. The office of Director of Communications was abolished in May 2008

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

## SPONSORSHIP APPROVAL PANEL

This panel ensures that the Faculty accepts only sponsorship which accords with the Faculty's sponsorship policy.

Dr C Sharp	Sponsorship Co-ordinator (Chair)
Dr I R Aston	
Dr P Graham	Lay representative

## 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	

## WILF HOWE PRIZE PANEL

This Panel assesses applications for this prize.

Dr L N Birrell	Registrar
Professor K T Palmer	Academic Dean

## COMMUNICATIONS SUBCOMMITTEE

The Faculty Board reviewed its communications strategy and decided that communications would be more appropriately handled through the office with professional communications advice. Accordingly the Communications Subcommittee was disbanded in May 2008.

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

## 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, due to be published in 2009.

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	

<p><b>SCOTTISH AFFAIRS FORUM</b></p> <p>The Scottish Affairs Forum provided a mechanism for communicating information between the Board and the Faculty's membership in Scotland, provided support to the Board Representative in establishing and developing links with devolved Government and ensured that the Board Representative acted as a channel of communication between the Board and those practising occupational medicine in Scotland. This Forum has been disbanded (see representative report on page 47).</p>	<p>Dr A M Leckie</p> <p>Dr F D Dick</p> <p>Dr S Kemp</p> <p>Dr F Macdonald</p> <p>Dr A H Mounstephen</p> <p>Dr I S Symington</p> <p>Dr M E Wright</p> <p>Dr A D Watt</p>	<p>Board representative for Scotland (Chair)</p> <p>SOM representative</p>
<p><b>WELSH AFFAIRS FORUM</b></p> <p>The Welsh Affairs Forum provided a mechanism for communicating information between the Board and the Faculty's membership in Wales, provided support to the Board Representative in establishing and developing links with devolved Government and ensured that the Board Representative acted as a channel of communication between those practising occupational medicine in Wales. This Forum has been disbanded (see representative report on page 47).</p>	<p>Dr G Denman</p> <p>Dr W W Davies</p> <p>Dr T I Evans</p> <p>Dr G J Judge</p> <p>Dr M G Tidley</p> <p>Dr P L Wyke</p> <p>Dr P J L M Oliver</p>	<p>Board representative for Wales (Chair)</p> <p>SOM representative</p>
<p><b>NORTHERN IRISH AFFAIRS FORUM</b></p> <p>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.</p>	<p>Dr M Tohill</p> <p>Dr D Courtney</p> <p>Dr W R Jenkinson</p> <p>Dr A P McCrea</p> <p>Dr A C A Glasgow</p>	<p>Board representative for Northern Ireland (Chair)</p> <p>SOM representative</p>
<p><b>EUROPEAN AFFAIRS FORUM</b></p> <p>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.</p>	<p>Dr E B Macdonald</p> <p>Dr R J L Heron</p> <p>Dr B M Crichton</p> <p>Dr N P Dowdall</p> <p>Dr P F G Gannon</p> <p>Dr D Sen</p> <p>Dr A J M Slovak</p>	<p>Faculty representative on UEMS OM section (Co-Chairman)</p> <p>Co-Chairman</p> <p>SOM representative)</p>

# LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED IN 2008

## 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.

Dr D C Snashall  
 Dr L N Birrell  
 Dr I R Aston  
 Dr P Graham  
 Mr H Robertson  
 Dr O H Carlton/Dr N F Davies  
 Dr S R C Dougherty  
 Dr G M Fletcher  
 Dr R V Johnston  
 Dr G Parker/Dr D E S Macaulay  
 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 2008 but anticipates planning a timetable in 2009 for the 7th edition of the guidance.

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  
 Ms B Gor

Chair  
 Secretary  
 Member of the Board/Executive  
 4 Members or Fellows  
 Diplomat  
 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. Guides to the awards schemes are available on the internet ([www.advisorybodies.doh.gov.uk/accea/](http://www.advisorybodies.doh.gov.uk/accea/) and [www.shsc.scot.nhs.uk/shsc/default.asp?p+83](http://www.shsc.scot.nhs.uk/shsc/default.asp?p+83)).

Professor D N M Coggon  
 Dr P Graham  
 Dr C C Harling  
 Professor A J Newman Taylor  
 Dr D C Snashall  
 Dr E R Waclawski

Chair  
 Lay representative  
 SOM nominee

<p><b>ACADEMIC SUBCOMMITTEE</b> 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.</p>	<p>Professor KT Palmer Dr A Adishes/ Professor K Holland-Elliott Dr D C Brown Professor K Holland-Elliott Col J P Owen Dr D Sen Dr J S F Tamin</p>	<p>Academic Dean (Chair) Chief Examiner Workplace-Based Assessments Deputy Director of Assessment Director of Communications Director of Training Director of Assessment Chief Examiner AFOM</p>
<p><b>ASSESSMENT SUBCOMMITTEE</b> 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.</p>	<p>Dr D Sen Dr D C Brown Professor KT Palmer Dr J S F Tamin Dr S R Boorman Dr M Henderson Gp Capt D P Gradwell Dr R Thornton/Dr K Venables  Dr J S F Tamin/Dr R Thornton Mr H Robertson</p>	<p>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 Director of Professional Development Lay member</p>
<p><b>WORKPLACE-BASED ASSESSMENTS ADVISORY GROUP</b></p>	<p>Professor K Holland-Elliott Dr L Batty Dr D C Bulpitt Dr J A Halliday-Bell Dr D H Major Dr A K Skidmore Professor J Harrison</p>	<p>Chief Examiner (WBA)      London School of Occupational Medicine</p>
<p><b>AFOM ADVISORY GROUP</b> This Advisory Group devises, sets and reviews the biannual examination for Associateship of the Faculty.</p>	<p>Dr J S F Tamin Dr D Sen Dr J Anderson/Vacant Dr T Hussain Dr M Jennings Dr R V Johnston Dr D S D Jones Dr I A McCoubrey Dr S Sadhra</p>	<p>Chief Examiner AFOM (Chair) Director of Assessment</p>
<p><b>DOccMed ADVISORY GROUP</b> This Advisory Group devises, sets and reviews the Diploma in Occupational Medicine examinations.</p>	<p>Dr S R Boorman Dr D Sen Dr A J Bray Dr J Henderson Dr P M Jeffrey Dr R Thornton Dr S T Wang Dr L P Wright</p>	<p>Chief Examiner DOccMed (Chair) Director of Assessment</p>
<p><b>DDAM ADVISORY GROUP</b> This Advisory Group devises, sets and reviews the Diploma in Disability Assessment Medicine examination.</p>	<p>Dr M Henderson Dr D Sen Dr D Beswick Dr P Dewis Dr T M Gibson Dr M Harvey Gp Capt D W Jones</p>	<p>Chief Examiner DDAM (Chair) Director of Assessment</p>

# LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED IN 2008

## DAVMed ADVISORY GROUP

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

Gp Capt D P Gradwell  
Dr D Sen  
Dr N Dowdall  
Dr T M Gibson  
Dr R V Johnston  
Dr M Lewis  
Wg Cdr H Lupa  
Dr C Sharp  
Dr A P Steele-Perkins

Chief Examiner DAVMed (Chair)  
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 KT Palmer  
Dr R Thornton/Dr K Venables  
  
Dr H N Goodall

Academic Dean (Chair)  
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).

Col J P Owen  
Dr C Wilcock/Dr J K Moore  
Professor KT Palmer  
Dr N K Cooper  
Dr I Hastie  
  
Dr A-A Hashtroudi  
Professor K Holland-Elliot  
Dr N G Morris  
Dr R Preece  
Dr M Tohill/Dr M Hogan

Director of Training (Chair)  
Deputy Director of Training  
Academic Dean  
  
Lead Dean for Occupational Medicine  
Trainee Representative  
  
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 C C Harling  
Col J P Owen  
Dr J Cartwright  
Dr N K Cooper  
Dr G M Fletcher  
Dr T M Gibson  
Dr P M Jeffrey  
Dr I C Perry  
Dr D R C Roomes  
Dr S C Sheard  
Dr J G Spiro  
Dr A J M Slovak  
Dr D H Wright

Chair  
Director of Training



## REGIONAL SPECIALTY ADVISERS AND DEPUTIES

<u>REGION</u>	<u>SPECIALTY ADVISER</u>	<u>DEPUTY</u>
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 D C H Bulpitt	Dr M D McKinnon
S E Thames	Dr J M W Simpson	Dr A M Finn
S W Thames	Professor K Holland-Elliott	Professor K Holland-Elliott/Vacant
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/Dr T F May
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/Vacant	Dr P M Jeffrey
North Scotland	Dr M E Wright	Dr M M Watt
Northern Ireland	Dr W R Jenkinson	Dr W R Gamble
Navy	Dr C C Harling/Surg Capt D C Brown	Surg Cdre G Nicholson Surg Cdre J J W Sykes/Dr C C Harling
Army	Professor R M Agius/Col R Thornton	Col M G Braithwaite Col R Thornton/Professor R M Agius
Air Force	Gp Capt D I T Jenkins	Wing Commander D McLoughlin Vacant
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Professor M H Ross	Dr F Fox
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

### RESEARCH SUBCOMMITTEE

The Faculty Board reviewed the role of the Research Subcommittee. It was agreed that the British Occupational Health Research Foundation (BOHRF) would establish its own committee to assess its research applications and, in view of the evolving role of the Academic Forum of Occupational Medicine and Health, it was decided that the Research Subcommittee should be disbanded.

Professor C A C Pickering  
Dr P Graham  
Professor A Griffiths  
Mr B Kazer  
Professor S Khan  
Professor M J O'Donnell  
Dr P Oldershaw  
L Seymour / Dr L Rushton  
Dr S Stork  
Dr R Thornton/Dr K M Venables

Chair  
Lay member  
Chief Executive, BOHRF  
Chief Examiner Research Methods

### PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

This Subcommittee reconvened during 2008 reconvene with the anticipated developments in revalidation in 2008.

Dr R Thornton  
Dr A S C Allison  
Dr M G Braithwaite  
Dr J A East  
Dr P Graham  
Mr R Marchant  
Dr D Sen  
Dr S C Sheard  
Dr J M Shepherd

Director of Professional Development (Chair)  
GMC representative

# LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED IN 2008

## ACADEMIC FORUM OF OCCUPATIONAL MEDICINE & HEALTH

The Academic Forum of Occupational Medicine and Health was established in 2006 by the Faculty of Occupational Medicine to bring together those who are actively involved in research and teaching in occupational medicine and health. Although the Faculty provides the secretariat, and works in close co-operation with the Forum, the Forum is a free-standing group with a multidisciplinary membership.

Professor M Aylward  
Dr A Adishes  
Professor R M Agius  
Professor T-C Aw  
Professor J G Ayres  
Dr P J Baxter  
Professor P Buckle  
Dr J Cherrie  
Professor D N M Coggon  
Professor T Cox  
Dr T P Cullinan  
Dr A D Curran  
Dr F D Dick  
Dr D Fishwick  
Professor A Griffiths  
Professor J Harrison  
Professor K Holland-Elliott  
Dr F Hurley  
Professor S Khan  
Dr E B Macdonald  
Dr I Madan  
Professor D McElvenny  
Professor A J Newman Taylor  
Professor M J O'Donnell  
Dr J Osman  
Professor K T Palmer  
Dr C J M Poole  
Dr L Rushton  
Dr J C Smedley  
Dr D C Snashall  
Dr S Turner  
Dr K M Venables  
Dr S S Williams  
Dr D H Wright

## REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges	Dr D C Snashall/Professor D N M Coggon
AoMRC Assessment Committee	Dr D Sen
AoMRC 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 A-A Hashtroudi
British Medical Association Occupational Medicine Committee	Dr T P Finnegan
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 Faculty of Sport and Exercise Medicine	Dr L Odiseng
Medical Council on Alcohol Advisory Group	Dr C D Payton
National Cancer Survivorship Forum	Dr P A Wynn
NHS Plus Stakeholder Group	Dr D C Snashall
<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	Professor D N M Coggon
Committee on Ethical Issues in Medicine	Dr R D Jefferson

# EXAMINERS

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D F W Ackroyd  
J Anderson  
D J Anton  
P A Atkinson  
S M Awbery  
D Baker  
P D Baker  
C G Batty  
A J Bray  
D C Brown  
D G Bruce  
I M Calder  
K M Champion  
J Cartwright  
D N M Coggon  
D E Cook  
B M S Cooper  
N K Cooper  
D A P D'Auria  
A M de Bono  
S P Deacon  
N P Dowdall  
G R Evans  
S A Evans  
U Finucane  
D Fishwick  
P M Ford  
D F Gallagher  
W R Gamble  
M J E Gann  
T M Gibson  
D A Gidlow  
D P Gradwell  
J A Halliday-Bell  
M Henderson  
T Hussain  
C W Ide  
P M Jeffrey  
R V Johnston  
C J Kalman  
B T Keatings

M Kinoulty  
S Kumar  
M E Lewis  
B P Ludlow  
H Lupa  
H Mason  
I A McCoubrey  
W J McCulloch  
D E S Macaulay  
D J Makepeace  
R Marcus  
N A Mitchell- Hegg  
N G Morris  
V S G Murray  
H K Nixon  
J P Owen  
C D Payton  
J Pfang  
R Philipp  
K J Pilling  
B W Platts  
C J M Poole  
R M Preece  
A E Price  
R M Quinlan  
A S Robertson  
C N Royan  
P J J Ryan  
S J Ryder  
D Sen  
D Shand  
S C Sheard  
A J M Slovak  
D C Snashall  
S A Szweda  
J S F Tamin  
R Thornton  
S Turner  
E R Waclawski  
L P Wright

# REPORTS FROM REPRESENTATIVES ON OTHER BODIES

## **ACADEMY OF MEDICAL ROYAL COLLEGES HEALTH INEQUALITIES FORUM (AHIF)**

The AHIF met three times during 2008. One of the main achievements of the Forum over the last year has been the completion of a Core Competencies training module in health inequalities. The result of a two year project, it is a resource on which all Colleges and Faculties can draw and integrate into their training curricula, as necessary. The module was launched electronically recently and is now available on the Academy website. It will also be circulated to the Postgraduate Medical Education and Training Board, General Medical Council, British Medical Association, the four Chief Medical Officers, Medical Schools Council, the Secretary of State, Department for Work and Pensions, Conference of Postgraduate Medical Deans, the Adviser to the Prime Minister, and the Office for Disability. The Forum also agreed to seek feedback from the various stakeholders on the impact of the competencies module in 12 months' time, following which consideration can be given to reviewing its contents.

Dame Carol Black attended the meeting in February 2009 and gave a presentation on the government's response to her review *Working for a Healthier Tomorrow*, summarising initiatives relating to healthcare professionals. She gave an overview of the work programme which will take forward the recommendations made by the government, emphasizing the work that the Faculty is currently undertaking, including collaboration with the Royal College of General Practitioners in setting up a 'Fit for work' service, GP training, etc. Discussions took place with the representative of the Royal College of Psychiatrists about raising awareness of managers as to the importance of mental health issues and their relevance to the workplace. The possibility of the Royal College of Psychiatrists Forum producing a leaflet on the link between mental and physical health was also raised.

Dame Carol Black also mentioned work that was taking place with the Royal College of Surgeons on rehabilitation after common operations and work due to commence shortly with the Royal College of Physicians relating to alcohol related problems.

The Forum has continued to provide an opportunity for the representatives of the various Colleges and Faculties to share information and exchange knowledge about specific initiatives and to agree plans of action to address health inequalities within their respective specialties.

Ioana Kennedy

## **BRITISH MEDICAL ASSOCIATION (BMA) OCCUPATIONAL MEDICINE COMMITTEE**

The BMA Occupational Medicine Committee meets three times per year under its Chairman, Dr Paul Nicholson. In my first year, I have attended two of these meetings. The BMA provides an efficient secretariat which runs an active e-mail Listserv, so that matters can be dealt with in a timely fashion between meetings. The Committee's core business is to ensure that the BMA's Annual Representative Meeting is properly supported with occupational medicine representatives and resolutions. To do this the Committee actively keeps up to date with what is going on in occupational medicine in the UK. The main work this year has been producing the Occupational Physician booklet, maintaining sound links with UK occupational medicine organisations and responding to government and non-governmental organisation consultations. Revalidation has obviously been a major topic, as have issues dealing with confidentiality. The Committee is also considering whether its representation from the Faculty and the Society should be simplified.

Timothy Finnegan

## **CIVIL AVIATION AUTHORITY (CAA) AVIATION MEDICINE FORUM**

The CAA Aviation Medicine Forum did not hold routine meetings during 2008 since it was focusing on other business with stakeholders. However the meetings will be resuming in early 2009 and a full report will be included in the next annual report.

Ray Johnston

## **HEALTH AND SAFETY (HSE) EXECUTIVE ASTHMA BOARD**

The Board is committed to achieving a 30% reduction in new cases of occupational asthma over the 10 years ending by 2010. HSE reported statistically significant downward trends in incidence of occupational asthma over the period 1996-2006.

The Asthma Partnership Board met in June 2008 at the headquarters of AsthmaUK.

Asthma UK had involved Tony Gissane from HSE and me in rewriting their Workplace Charter. This was launched in November 2008 with endorsement and use of logos of both the Faculty of Occupational Medicine and the Society of Occupational Medicine, who had worked on the rewriting with AsthmaUK. The former 10 points were consolidated into 5 points by removing duplication and removing reference to passive smoking as a result of anti-smoking legislation.

It was also updated to refer to the latest SIGN (Scottish Intercollegiate Guidelines Network) guidance.

I updated the Board on the occupational asthma special interest group (SIG) which then had 38 members – 18 occupational physicians, nine occupational health nurses, six chest physicians, three occupational hygienists and two safety professionals. The SIG met three times in 2008 and led to the formation of a research working group to recommend best practice guidelines for the pre-placement assessment and health surveillance of workers exposed to laboratory animal allergens.

HSE presented the findings of Chris Barber's British Occupational Health Research Fund (BOHRF) funded study on the impact of the BMJ learning module based on the BOHRF evidence based guidelines. The results were encouraging and showed that the BOHRF guidelines were valued by practitioners, although in spite of much marketing, many GPs were not previously aware of the guidelines.

Paul Nicholson

### **INTERCOLLEGIATE FACULTY OF SPORT AND EXERCISE MEDICINE (FSEM)**

It has been a year since I took over as Faculty representative for the FSEM, which has been a great learning experience for me and I would like to thank the Faculty for giving me the opportunity.

Sport and Exercise Medicine is now a fully recognized specialty in the UK. At present there are seven sports physicians in the specialist register of the General Medical Council who made it through the Certificate of Eligibility of Specialist Registration (CESR) route and six more have been recently approved. The process for approval is the same as for other specialties. There are at present 32 trainees in various sports and medicine posts around the UK. Of these 22 are doing top-up training and therefore will go through the CESR process. The rest are junior and have to go through the normal training and will get their Certificate of Completion of Training on completion of their training. Six trainees will complete their training this August. The Department of Health has recently made funds available for 50 more trainees. The training involves rotation through various related specialties after the core medical training. The most important are rheumatology, general practice, public health, orthopaedics and trauma, accident and emergency and rehabilitation and a year in Sports and Exercise medicine.

The role of the Sport and Exercise Medicine Specialist is to

- provide a musculoskeletal service to manage soft tissue and sport specific injuries
- rehabilitate those who participate in sports and exercise (including children and the disabled)
- formulate and deliver exercise programs for at risk or special groups (eg, those who have medical problems)
- reduce incidence of fragility fractures (eg, in the elderly)
- formulate and deliver programmes to encourage healthy lifestyles and exercise using specialised knowledge of exercise physiology, nutrition and the effect of different types of exercise
- build bridges with other medical specialties eg, public health, general practice and other agencies to provide a multidisciplinary service.

As a new specialty sports and exercise medicine faces several challenges and we met in December 2008 in Manchester to formulate a strategy to meet these. There is obviously a need for the specialty in the UK where management of non-surgical musculoskeletal disorders is still in its infancy. This is because there are very few musculoskeletal therapists and most of these are in private practice, hence the long waiting lists and significant cost to the country of these conditions. If an individual is sidelined for a long time because of lack of treatment they may not be willing to go back to activity. Obesity and physical inactivity contribute significantly to ill health in the UK and the government has recognized that sport and exercise is a powerful tool to combat morbidity of various medical conditions.

The Olympics are coming to the UK in 2012 and one of the conditions for London to hold the games was that there would be a specialty of sports and exercise medicine!

One of the challenges of the profession is that some aspects of the specialty can be undertaken by those in related specialties, so it can be difficult to persuade Trusts to invest in creating posts for the new consultants. This is going to be a priority for the profession over the next few years.

In the future the present intercollegiate FSEM counsel will be replaced by an advisory board exclusively made up of sport and exercise physicians (elected Members and Fellows). Professor Charles Galasko will be stepping down as President of the FSEM in September 2009 and his successor will be Professor Mark Bart.

# REPORTS FROM REPRESENTATIVES ON OTHER BODIES

## **INTERCOLLEGIATE FACULTY OF SPORT AND EXERCISE MEDICINE (FSEM) continued**

Anyone wanting more information about sport and exercise medicine should get in touch with me or access the FSEM website: <http://www.fsem.co.uk>.

Lesedinyana Odiseng

## **MEDICAL COUNCIL ON ALCOHOL**

As the Faculty's representative on the Medical Council on Alcohol I attended their Annual General Meeting and seminar on 27 November. Dr Bruce Ritson gave the Max Glatt Memorial Lecture on "Passive Drinking and Collateral Damage" and Dr Clare Gerada talked on the new Practitioner Health Programme commissioned by the National Clinical Assessment Service as a pilot for doctors and dentists living within the M25 with alcohol /substance misuse problems.

Dr Joan Trowell talked about the General Medical Council's (GMC) fitness to practise procedures and health. There are 150 new referrals each year and 40% require ongoing supervision. 40% of cases are alcohol, 20% substance misuse and most others are mental health problems. Doctors are referred when deemed to be a risk to patients and especially when they have little insight or fail to recognize deterioration in their conditions. In the discussion, concerns were raised about lack of support for doctors. I described the support available from NHS departments and the random alcohol and drug testing procedure that we provide in my service in Bath, where we use the evidence this provides to support doctors who have committed themselves to long-term abstinence.

The audience felt that where this level of services is available, doctors would be very well supported but had concerns about the patchy provision of occupational health services nationally.

I have recently been contacted by one of the GMC Medical Affiliates to comment on the Briefing on Alcohol and Drug Misuse in the NHS Workplace.

The Faculty OF Occupational Medicine's *Guidance on Alcohol and Drug Misuse in the Workplace* (available from the Faculty) addresses the problems of misuse that face occupational physicians.

Colin Payton

# REPORTS FROM CONSTITUENCY ELECTED TRUSTEES

## SCOTLAND

Occupational medicine, public health and general practice share a specialty training board in Scotland. This has facilitated the promotion of occupational medicine and led directly to the suggestion that occupational medicine competencies are included in general practice training. This suggestion was led by a general practitioner with occupational medicine experience. It was unanimously accepted by the training board. Changing the training curriculum in any specialty is not a quick process and the decision to take this forward does not lie with the training board. However, the suggestion has been passed to the Royal College of General Practitioners training committee in London. There was a real desire to take this forward in Scotland and it has been agreed that all trainees in general practice will have some exposure to training in occupational medicine. The work funded by the Department for Work and Pensions to provide some basic competencies should be ideal.

The close working with general practice was further enhanced with a meeting being jointly held with the Scottish Group of the Society of Occupational Medicine and the Scottish Council of the Royal College of Practitioners to discuss the Carol Black review.

Prior to demitting office, the past president wrote to the presidents of the Royal College of Physicians in Edinburgh and the Royal College of Physicians and Surgeons of Glasgow asking for occupational medicine representation at their Boards. The suggestion was met positively by both Colleges. The practicalities are being finalised.

We moved to a single training committee for Scotland this year. The committee oversaw the appointment of five new specialty registrars. These are all NHS based posts and I am not aware of any industry based training posts being filled in the last year or two. As 75% of doctors qualified in occupational medicine work outwith the NHS we need to ensure that our trainees are equipped to work in settings other than the NHS. We also need to ensure that the system for establishing and recruiting our training posts does not discriminate against industry based training.

This year saw the establishment of a standing group in occupational health matters under SIGN (Scottish Intercollegiate Guidelines Network). The group will meet annually to identify new or existing Guidelines being reviewed to ensure that occupational health and vocational rehabilitation matters are evidenced and included appropriately.

As the elected representative in Scotland for the Faculty I have a place on the Scottish Group of the Society of Occupational Medicine Committee in Scotland. This has proved very worthwhile for the exchange of views and to facilitate closer working relationships. It is important that this link is maintained as the Scottish Affairs Forum in line with the Fora from the other devolved administrations has been disbanded as they were not being used.

Looking to the future there is currently a lot of activity around a Scottish response to Carol Black's review. The Faculty is well represented in discussions with the Scottish Government.

Alastair M Leckie

## WALES

Occupational Health is moving up the agenda in Wales, and Welsh politicians in particular are becoming more interested in it because of the benefits it offers to society as a whole.

The Welsh Assembly Government (WAG) launched its website "Healthy Working Wales" in June. This provides a useful resource to GPs seeking advice in relation to their patients' health and employment.

The National Specialist Advisory Group (NSAG) has also been established as intended. It met twice in 2008, and will continue to do so in 2009. It reports to the Welsh Medical Committee, which in turn has direct access to the Minister. It provides us with access to those who are responsible for making decisions, and we hope that we will be able to provide them with appropriate advice and guidance. The NSAG has, as planned, absorbed the Welsh Affairs Forum into a single body and, as a member of the NSAG, I can provide links from that to the Faculty Board. The NSAG is currently developing a programme of work, concentrating on the role of occupational medicine and the contribution that occupational physicians can make to the health of people of working age, with a view to defining the resources that will be necessary.

The second major development in 2008 was a Task and Finish Group, set up by WAG. It is chaired by Professor Mansel Aylward and draws its membership from a broad base including employers, trades unions, health and safety professionals, and of course occupational physicians. Its primary role is to advise the Minister on the statutory basis of occupational health and possible models for its delivery. Its work does in part overlap with the NSAG, but its broader base allows different perspectives to be considered, one of which will be that of the NSAG.



# REPORTS FROM CONSTITUENCY ELECTED TRUSTEES

## WALES (continued)

**Impact:** As the benefits of occupational health are increasingly realised, so its profile is being raised in Wales. There is a long way to go and there are many challenges ahead, not least finding the best way to deliver occupational health to the population as a whole and building the resources necessary to do that from the very small base we have now. However, we are making progress and we hope to continue that.

**Objectives for 2009:** Following the developments in 2008, we are not currently planning any new initiatives in 2009, although we will of course seize any opportunities which arise. Instead, we intend to build on the work which has already started, especially in the NSAG and Task and Finish Group, both of which are due to meet early in the year.

Geoff Denman

## NORTHERN IRELAND

**Leadership:** Specialists in occupational medicine have been endeavouring to ensure a more strategic approach to occupational health delivery in Northern Ireland. The Department of Health, Social Services and Public Safety funded leadership course was attended by a number of senior occupational health practitioners from a number of public sector organisations. The aim was to help set the occupational health agenda in the context of the overall health agenda for Northern Ireland. It has strengthened working relationships, enhanced occupational health networks and re-examined the contribution which occupational health services can make to personal and organisational health agendas.

**Training:** Dr Bill Jenkinson continues as Regional Specialty Advisor (RSA) and Dr Rodney Gamble has been appointed as the deputy RSA. Dr Benita McCarthy, is the sole specialist trainee in Northern Ireland and is in her third year of training. The Specialty Training Committee has been exploring possible expansion in trainee numbers, but to date nothing has been secured.

**Carol Black review:** The Faculty has made representation to the Chief Medical Officer for Northern Ireland, Dr Michael McBride to explore the Northern Irish Government's response to the recommendations in the Black review. It is intended that an inter-departmental working group will consider the review and make recommendations.

**The Northern Ireland Faculty Affairs Forum:** The Northern Ireland Faculty Affairs Forum membership is currently being updated to ensure it is an active voice in Occupational Medicine in Northern Ireland and a meeting is planned for late February 2009.

**Education:** The 3rd annual Health and Social Care Occupational Health Service conference took place on 13 March 2008. This considered both sickness absence and rehabilitation. The Health and Safety Executive for Northern Ireland organised a half day workshop on respiratory disease and a second on sickness absence is planned. The Society of Occupational Medicine (SOM) is also active with continuing its four educational meetings per year.

An education campaign/programme for GPs is also being developed and rolled out in collaboration with the Northern Ireland Medical and Dental Training Agency (NIMDTA). It is also planned to introduce education in Occupational Medicine for General Practice specialty trainees. The SOM (NI) will be running a joint meeting in Autumn 2009 with GPs. The title of the event is "Fitness for Work and the Role of GPs". This is in anticipation of the pending release of the Faculty's online resource for GPs.

Efforts to progress the increase and further development of undergraduate teaching in Occupational Medicine in Queen's University Medical School are also under way.

Martin Tohill

## SPECIALIST/SPECIALTY REGISTRARS

**New curriculum:** The Speciality Training Handbook (4th edition) has been made available since early 2008 ([www.facocmed.ac.uk/edtrain/training/contents08.jsp](http://www.facocmed.ac.uk/edtrain/training/contents08.jsp)). This concerns trainees who started their training post after 31 July 2007 or old curriculum trainees who opted to switch to the new curriculum before January 2009. The handbook summarises all relevant information in relation to training in occupational medicine including recruitment into posts, educational supervision, curriculum and assessment which is based on "A Guide to Postgraduate Specialty Training (*Gold Guide*)" with special arrangements for occupational medicine. Old curriculum trainees (those in post on or before 31 July 2007) are served by a Specialist Training Handbook ([www.facocmed.ac.uk/edtrain/training/contents02v3.jsp](http://www.facocmed.ac.uk/edtrain/training/contents02v3.jsp)), revised in 2008 and in its 3rd edition.



**New Membership Regulations:** The regulations for the award of Membership have been updated and are now available at [www.facocmed.ac.uk/library/docs/mfom\\_r08.pdf](http://www.facocmed.ac.uk/library/docs/mfom_r08.pdf). These include sections for new and old curriculum trainees and a revised process for the assessment of the research dissertation (see below).

**New Dissertation Rules:** The procedure for submitting the protocol has been simplified to prevent undue delays. The range of admissible material has also been expanded to include audit. All trainees are urged to carefully read **Q&A Sheet 4: Changes to the MFOM Dissertation**, which offers all necessary information.

**Feedback:** Trainees were requested to feedback to the trainee's representative on various matters in relation to training. Few individuals responded and, more engagement is encouraged.

#### **Postgraduate Medical Education and Training Board**

**(PMETB) survey:** The National survey of Trainee Doctors provides PMETB and other organisations responsible for the quality of training with information about trainees' perception about training and their training posts. In the last survey round only a few occupational medicine trainees from each deanery completed the questionnaire and disaggregated data specific to occupational medicine were not published. To give a representative and useful picture, it is important that all trainees complete the survey. The survey forms are available online at [http://forms.pmetb.org.uk/ShowForm.asp?fm\\_fid=53](http://forms.pmetb.org.uk/ShowForm.asp?fm_fid=53) and require an access code which will be provided by PMETB with the invitation to participate.

#### **Academy of Royal Colleges Trainee Doctors Group**

**(ATDG):** The main areas of concern over the past twelve months included the following:

- Revision of the terms of reference of the group, the group's role and remit, and its relationship with the Academy
- Post CCT fellowship and group concern that this may lead to creation of sub consultant posts
- The impact of the European Working Time Directive on trainee doctors, especially in craft specialties such as surgery

Ali Hashtroudi

## ANNEXES 3 - 8:

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# ANNEXES 3, 4 & 5

## ANNEX 3

### Award of Fellowship for 2008

R P Donnelly  
J M W Simpson  
P D Trafford

#### Honorary

Dr J Ballard  
Grp Capt D P Gradwell  
Dr P Graham  
Mr H Robertson

## ANNEX 4

S M Ahmed	D L Morgans
L M Andrews	K E Nightingale
S Basheer	R M Nisbet
T Choudhry	O O Ogundipe
K J Cryer	S C Richardson
S Dagens	I S Robinson
J Damerell	H G M Sayed
W J Edwards	N Sheikh
O M El-Nagieb	S M Shepherd
H S Giridhar	A O Talabi
P R Hinds	S M Tellam
D S Mallett	L Walsh
C A Mason	P L Walters
R A Milner	I A Yusuf
M Misra	F Zubier

#### Award of Membership for 2008

Winner of the 2008 Peter Taylor Award  
(for the best dissertation submitted):

**O O Ogundipe**

## ANNEX 5

### Award of Associateship for 2008

#### January 2008 examination

J M Clarke	M L Mills
S A Fisher	R Pandey
S D Forman	A M Rhodes
M M R Girgis	S M Shepherd
J J Hill	A F Stern
K Kanaan	H R Timothy
P Manickarajah	I K-H Torbohm
M Mansouri	L A Whybourn
T A Mian	K P Williamson

*No of candidates sitting: 26  
No of candidates passing: 18  
Percentage passing: 69%*

# ANNEXES 5 & 6

## June 2008 examination

G R Austin  
M B Dalton  
T M Gray  
S Houston  
S M S Ker  
L Kutsawa  
C S P Lian  
M E Page  
T G Radford  
S Roy  
A J Swan  
A O Talabi  
A Trakoli  
L Wylie

*No of candidates sitting: 28*  
*No of candidates passing: 14*  
*Percentage passing: 50%*

Winner of the 2008 William Taylor Prize  
(for the highest overall score)  
**Dr S D Forman**

## ANNEX 6

### Award of Diploma in Occupational Medicine for 2008

#### May 2008 examination

Y Aiken	V A Froome	M E Phillips
P D Andrews	J A Gelnar	J A Rahman
F Armstrong	A E Gilbert	S Roblin
A Arora	A Gill	H S Sangha
S E Bayley	F Hoffmann	T E Saw
M H Bell	N Houston	J E Scotton
C J Brow	G J Hulse	A Sen
A de H Burdzik	A S Jabbar	J Sikka
A Calabro	F Joyce	D D F Smith
N P Carson	F J Kantipudi	P J Steinberg
S A Chaudhari	M Khan	S Sudharsan
V M B Cirianni	B M King	A A Suleman
E Conway	B M Kuehler	P J S Taylor
G R Crabb	J M Landman	H Toomey
N J Dann	B P Lashbrooke	G E P Vincenti
A M Deaville	H L Lawton	G R Walker
R Dickinson	M V J Nhlapho	E A M Walsh
P R A Ettliger	S Pai	L L Wasson
C P Fletcher	S Pao	A J Yule
M M Franco	E H K Perry	A Vespa

*No of candidates sitting: 73*  
*No of candidates passing: 60*  
*Percentage passing: 82%*

# ANNEX 6 continued

## November 2008 examination

A O Adanijo	A M V Krishnaswami Jothi
G Ahmad	W E Lake
N Anitche	W K Lam
R Babalola	K Lindall
G Bajek	S N O McCarthy
M J Blackwell	R D C Moate
J Broachwalla	N-A J Ntia
A E Carlyle	D C Obih
S G Charlesworth-Jones	M L Patil
E M Cohen	A Penn
A N Colebatch	S J Pongratz Salis
L Di Fazio	N K Purushothaman
B A Doneh	U G Raihan
G T Fordham	S M Roberts
A K Goud	L A Roberts
P M Grace	H J Rutherford
D E Hallott	H J Saunders
F B Hancock	K Shaw
L J Harper	C C Trawin
D H M Hoar	M S Uppal
A J Holloway	R E Walberg
S Jaggernauth	A Whittamore
T R Jones	M Younger
A Khan	

*No of candidates sitting: 67*

*No of candidates passing: 47*

*Percentage passing: 70%*

### **Winners of the 2008 AstraZeneca Awards**

(for the highest overall score)

Dr G Bajek

Dr B P Lashbrooke

Dr H Saunders



# ANNEX 7 & 8

## ANNEX 7

Award of Diploma in Aviation Medicine for 2008

G Anbalagan	M G Koshy	C K Richards
O A Apantaku	A Krishnan	M J Ruth
A D K Campbell	ST A Ooi	B C Y See
K J Haworth	V Plitsis	B D Shepherd
A N Hewagama	J J Radcliffe	M L Wackerle

*No of candidates sitting: 19*

*No of candidates passing: 15*

*Percentage passing: 79%*

Winner of the Stewart Memorial Prize for the best examination performance from a student of the KCL DAvMed Course

### **Surg Cdr A D K Campbell RN**

Winner of the Barbara Harrison Memorial Prize awarded by British Airways to the student of the KCL DAvMed Course who has demonstrated commitment to others and determination to succeed throughout the course and in gaining the Diploma

### **Sqn Ldr C K Richards RAAF**

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## ANNEX 8

Award of Diploma in Disability Assessment Medicine for 2008

O N Abrahams	P A Moultrie
I Czekaj	W R Thom
A C Harrop	D Williams
D Laurenti	A M Wojcik-Pokora
D Milewski	A Zawadzka

*No of candidates sitting: 12*

*No of candidates passing: 10*

*Percentage passing: 83%*

Winner of the 2008 Corporate Health Prize (for the best performance in the examination)

### **Dr P A Moultrie**



**fom**  
Faculty of Occupational Medicine  
of the Royal College of Physicians



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