



Report and accounts

2011

Charity Commission No 1139516
Scottish Charity No SCO40060
Registered in England No 07461063

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
- **providing support to the Faculty's membership to raise the standard of occupational health practice**

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Whilst this is a review of the year January – December 2011, there will be occasional reference to activities in early 2012, where appropriate.

INTRODUCTION

I am pleased to present the Faculty's report for the year 2011. I assumed office as President in May of 2011 and would like to pay tribute to Professor David Coggon for the leadership he brought to the Faculty during his tenure. The more that I have been doing the job, the more in awe I have become of his capacity for sustaining a high work output and following through with key priorities. David says his proudest achievement is having implemented with others the accreditation programme, Safe Effective Quality Occupational Health Services (SEQOHS). I was delighted to attend the award of the certificates to the first services to become accredited and was inspired by their enthusiasm and conviction that the process had led to improvements that positively affect their users and employers. During the year, Dr Paul Nicholson moved on from his role in SEQOHS, having led its development phase; his contribution was crucial to its progress and success to date. The Faculty has started considering, in partnership with the Society of Occupational Medicine, how we might more broadly strengthen our leadership of quality improvement in occupational medicine and occupational health.

The **Government's plans for legislation to change the** structures for the delivery of health care in England dominated the year, especially the latter part of it. Some of the changes are already being made. We at the Faculty are changing and will have to change further in order to maximise the opportunities that these new arrangements, such as the Health and Wellbeing Boards, provide to improve people's working lives.

I have convened a strategy group to help flesh out the ideas for the future that have been set by the Board. I thank all those members who offered to be part of this and to those who contributed to a survey about our brand and recruitment during the year. A summary of the results is on our new website at: <http://bit.ly/KKDRy0>.

A key deliverable during the year was to progress our pilot on revalidation, working with other faculties and in partnership with the Society of Occupational Medicine. Great progress has been made. The Faculty has appointed an Interim Responsible Officer (RO) and will be providing an RO service for members who need one from 2012 onwards.

2011 saw Dame Carol Black's tenure as National Director for Health and Work come to an end. Her achievements have been extraordinary. She and others helped us consider how to take the health and work agenda forward at a conference in December. She has committed to continue to work closely with us, for which I am very grateful.

A major preoccupation of the Board during the year has been stemming the decline in recruits into the specialty in all the countries we serve – England, Scotland, Wales and Northern Ireland. The actions taken in 2011 are summarised elsewhere in this report. This will remain a top priority. We work in a fascinating area of health; we can surely transform the image and impact of our specialty for the better and attract the highest calibre of recruits in large numbers, providing that we show the leadership we are capable of.

We continue to work closely with the Irish Faculty and provided support for their bid to hold the 2018 triennial ICOH conference in Dublin. The Irish Faculty has endorsed SEQOHS and has asked for it to be extended to cover services in Ireland. We have been pleased to agree to this, as well as to continue to work closely with our Irish colleagues on academic issues. I was delighted to receive Honorary Fellowship of the Irish Faculty in December.

Finally, many people contribute to the success of the Faculty; our staff, the Executive, Board (a special thank you to our lay Board members) and other committee members, all levels of members and friends and supporters. We have a very high level of involvement of members in our activities; we would not survive and flourish without this and I know how hard it is to make the time for such commitments. I thank you all. I trust you will find the 2011 report interesting.

Olivia Carlton
President

BOARD OF TRUSTEES, OFFICERS, AND OTHER KEY APPOINTMENTS

The Board and Charity Trustees

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. The Trustees are also the directors of the company under the Companies Act 2006. Except where indicated, the following all served as Trustees and directors throughout 2011:

Professor David Coggon	President (to 19 May 2011)
Dr Olivia Carlton	President-Elect/President (to/from 19 May 2011)
Professor Raymond Agius	Universally elected member
Dr David Brown	Elected representative of Regional Specialty Advisers (19 May – 19 December 2011)
Professor Sherwood Burge	RCP Representative
Dr Hazem Gallagher-Alagha	Elected representative of Specialist/Specialty Registrars (from 17 August 2011)
Dr Mike Gibson	Universally elected member (to 19 May 2011)
Dr Peter Graham	Lay representative nominated by CBI (to 30 June 2011)
Dr Marjorie Greasley	Universally elected member
Mrs Barbara Harrison	Lay representative nominated by CBI (from 1 July 2011)
Dr Ray Johnston	Co-opted member (Registrar & Deputy President) (from 13 July 2011)
Dr Ioana Kennedy	Universally elected member
Dr Philip McIlroy	Universally elected member
Dr Graeme Nicholson	Elected representative of Regional Specialty Advisers (from 19 December 2011)
Col Jeremy Owen	Elected representative of Regional Specialty Advisers (to 19 May 2011)
Ms Sarah Page	Lay representative nominated by TUC
Professor Keith Palmer	Co-opted member (Academic Dean & Deputy President) (from 13 July 2011)
Dr Clare Piper	Elected representative of Specialist/Specialty Registrars (to 1 July 2011)
Dr Steve Ryder	Elected representative of Scotland
Dr Simon Sheard	Co-opted member (Treasurer) (from 13 July 2011)
Dr Julia Smedley	Universally elected member
Sir Richard Thompson	RCP President
Dr Mike Tidley	Elected representative of Wales
Dr Martin Tohill	Elected representative of Northern Ireland
Dr Peter Verow	Universally elected member (from 19 May 2011)

Members of the Board who are not Trustees or directors:

Dr Brendan Dooris	Co-opted member (affiliating Diplomate with observer status) (from 21 September 2011)
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Officers

Except where indicated, the following held office throughout 2011:

Dr Ray Johnston	Registrar (Deputy President)
Professor Keith Palmer	Academic Dean (Deputy President)
Dr Simon Sheard	Treasurer
Dr Ian Aston	Director of Training
Dr Dil Sen	Director of Assessment
Col Rob Thornton	Director of Professional Development (and Interim Responsible Officer for revalidation)
Ms Nicky Coates	Chief Executive

Other key appointments

Dr Jayne Moore	Deputy Director of Training
Dr David Brown	Deputy Director of Assessment
Dr Dipti Patel	Deputy Director of Professional Development (from 19 August 2011)
Dr Tokeer Hussain	Chief Examiner Part 2 MFOM
Dr Alan Bray	Deputy Chief Examiner Part 2 MFOM
Dr Steve Boorman	Chief Examiner DOccMed
Dr Lucy Wright	Deputy Chief Examiner DOccMed
Dr Sylvia Awbery	Chief Examiner DDAM
Gp Capt David Gradwell	Chief Examiner DAVMed
Dr Sally Evans	Deputy Chief Examiner DAVMed
Dr Katherine Venables	Chief Examiner Research Methods
Dr Richard Preece	Deputy Chief Examiner Research Methods (from 27 June 2011)
Vacant/Dr Lucia Batty	Chief Examiner Workplace-Based Assessments (WBA) (to /from 18 July 2011)
Dr Lucia Batty/Vacant	Deputy Chief Examiner Workplace-Based Assessments (WBA) (to/from 18 July 2011)
SEQOHS (Safe Effective Quality Occupational Health Service)	
Dr Paul Nicholson	Project development lead/Clinical Lead (to 30 September 2011)
Dr Sally Coomber	Clinical Lead (from 22 August 2011)

PRINCIPAL ADVISERS

Bankers:	Lloyds TSB Bank plc Langham Place Branch PO Box 1000 BX1 1LT	Halifax Bank of Scotland International Limited 231-233 New Street St Helier Jersey Channel Islands JE4 8YW
	Santander UK plc 2 Triton Square Regent's Place London WC2N 6NJ	Scottish Widows Bank plc PO Box 12757 67 Morrison Street Edinburgh EH3 8YJ
Solicitors:	Hempsons Hempsons House 40 Villiers Street London WC2N 6NJ	
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, as a charity separate from the Royal College of Physicians, under charity number 1035415 in 1994. In 2008 the Faculty applied for charitable status in Scotland and was entered on the Scottish Charity Register under charity number SC040060. The Faculty became an incorporated charity in December 2010 (Registered in England No 07461063 and with the Charity Commission, under charity number 1139516). Charity number 1035415 was removed from the register in March 2011. The accounts are for the period from incorporation to the end of December 2011. The incorporated charity was dormant from incorporation up to 1 January 2011 when the net assets and undertakings were transferred from the unincorporated charity to the incorporated charity.

The Faculty's principal address is:

3rd Floor, New Derwent House
69-73 Theobalds Road
LONDON
WC1X 8TA
www.fom.ac.uk

The Board of Trustees, who are also the directors of the charitable company, and executive officers are listed on pages 5-6. **Particulars of the Faculty's professional advisers** are given above.

The Faculty Board presents its annual report for the period ended 31 December 2011 under the Charities Act 2011 and the Charities Accounts (Scotland) Regulations 2006, together with the audited accounts for the period, 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. The report is also a Directors' Report as required by Section 415 of the Companies Act 2006.**

STRUCTURE, GOVERNANCE AND MANAGEMENT

Governing Document

The Faculty is governed by its Articles of Association dating from December 2010.

Constitution

The Faculty's constitution is set out in its Articles of Association and supporting Governance Regulations.

Recruitment and Training of Board members

Under the Articles of Association, with the exception of the President of the Royal College of Physicians (or his/her nominee), one other College representative, the lay members and co-optees, members of the Board are elected by various sections of the membership in accordance with the Governance Regulations 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 material from the Charity Commission, Office of the Scottish Charity Regulator, Companies House, **the Faculty's governance, structure, management, strategy and key policies**. Trustees are updated through newsletters and through periodic refresher sessions on such topics as the role of trustees and company directors.

Organisational management

The Board, as the directors and trustees of the incorporate charity, 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 Governance Regulations. After an initial three years of service, the period of office for each Officer may be extended up to a maximum period of six consecutive years in one post 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 five active Subcommittees reporting to the Executive Committee.

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

Risk Management

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

The key controls used by the charity include:

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

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

OBJECTIVES AND ACTIVITIES

Charitable objects

The Faculty's objects, as set out in its Articles of Association, 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.

The Trustees have referred to the guidance issued by the Charity Commission and the Office of the Scottish **Charity Regulator on public benefit when reviewing the Faculty's aims and objectives and in planning future** activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set.

The Trustees believe that all the work the Faculty undertakes demonstrates a clear benefit to the general **public in line with its charitable objects as the Faculty's work seeks to** protect and improve the health of people at work.

Objectives for the year

For the purposes of this report, the objectives for 2011, 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 2012 are set out on page 26.

PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

In 2011, the Faculty became increasingly focused on raising awareness about occupational health and occupational medicine and the role of occupational physicians, partly because of the need to increase recruitment to the specialty and partly because of the currently dynamic national health and work agenda.

Recruitment

As is set out in the Education and Training section, the Board has given high priority to recruitment. Basing **its targets on the Faculty's workforce analysis, the Board has redoubled its** efforts to attract new trainees, by targeting medical students, doctors with a part-time interest in occupational medicine and general practitioners (GPs).

For over six years now, the Faculty has been running an initiative to attract medical students into the specialty (POHMS - Promoting Occupational Health in Medical Schools). The Department for Work and Pensions has shared actively in this work which has involved an occupational health curriculum for medical students and a bank of training materials for medical schools: <http://bit.ly/KrDvg7>.

Building on this initiative, POHMS has built up a national network of teaching leads (occupational physicians who have volunteered to liaise with their local medical school and to support and promote teaching in occupational medicine). This network has now established a link with nearly every medical school in the UK.

Also, Faculty staff and members regularly attend careers fairs and exhibition stands and leaflets are provided for members who run careers fairs for medical students in their local areas. And a new development in 2012 **will extend the Faculty's Mobbs Travelling Fellowships to medical students, to enable them to take up** electives in occupational health settings.

A new recruitment leaflet was developed for doctors with an interest in occupational medicine, encouraging them to specialise. And bearing in mind that occupational medicine has always recruited significantly from general practice - in some years over 50% have been general practitioners – the Faculty has worked ever more closely with the Royal College of General Practitioners (RCGP) – not only to raise general awareness of **work and health issues in GPs' everyday practice, but also to make them aware of career opportunities** and pathways in the specialty. This builds on a previous programme of work in which the Faculty created a programme of learning modules for GPs, in association with RCGP, *Health, Work and Well-being: An Introductory Training Package for Primary Care*; funding was subsequently gained to integrate this into the **Department of Health's e-learning** programme.

An **article was written for the magazine 'Occupational health at work'**, alongside articles from two Faculty members arguing for and against the proposition, posed by the magazine - namely, is occupational **medicine an ageing profession in decline? A robust defence was made in the Faculty's article, recognising** that there are recruitment problems, but setting out the many streams of activity on the national stage in which the Faculty is a main player, and describing the many ways in which the Faculty is seeking to combat the decline in recruitment.

Along with the Society of Occupational Medicine, the Faculty has supported the RCGP in establishing the Healthy Working UK website – www.healthyworkinguk.co.uk – launched in 2010. This one stop shop offers searchable catalogues of leaflets, guidance, learning resources and information on local and national services, and raises the profile of health and work.

For the first time in 2011 we exhibited at the RCGP annual conference, to promote awareness of health and **work and encourage GPs to take the Faculty's Diploma in Occupational Medicine and consider higher level** training.

A **significant step forward in the work with GPs was to agree with the GP magazine 'Pulse' that we would** commission a series of practice-based articles on health and work. These are due to be published in early 2012.

As well as addressing these key target groups – students, doctors with some occupational medicine training and GPs – the Board has considered how to introduce incentives and reduce disincentives which impact on decisions to establish training posts or enter training. There have been high level discussions with Government and major stakeholders. The Faculty is trying, in particular, to promote the idea of state subsidy for private sector training. This may seem to run counter to the prevailing economic direction, but numbers

are small so costs would be low, with the potential to regenerate training posts in the private sector (**perhaps with public funding matched by, or leveraging in, private sector finance**) and underpin the 'necessary' cadre of specialist occupational physicians to take forward the substantial Government health and work agenda.

Other specialties

It is recognised that there is an ongoing need to make fellow doctors in other specialties, as well as general practice, more aware of the role of the occupational physician.

Accordingly in 2011, Faculty members worked with the Royal Colleges of Psychiatrists and of Surgeons to develop guidance to patients and their doctors about getting back to work after illness or treatment.

National agenda

The Presidents (both outgoing and incoming) have continued to meet with Government Ministers and the National Director for Health and Work and regular meetings are now held with the Department of Health, together with the Society of Occupational Medicine.

The Sickness Absence Review, published in November 2011, could have major implications for occupational health. Within days of its publication, the Faculty held a formal debate with an invited audience, including employers and trade union representatives, as well as fellow occupational health professionals. The Faculty is grateful to BT for kindly hosting this event.

The Faculty has worked as part of the Academy of Medical Royal Colleges to make changes to the Health and Social Care Bill which raised many objections amongst health professionals. The main areas of concern were the threat to **integrated patient care, the importance of the Secretary of State's** responsibility to provide healthcare for all and the need to maintain education and training as part of a comprehensive health service.

Objectives for 2011:

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Push for inclusion of occupational health expertise in local departments of public health
- Continue work on occupational health awareness for general practitioners (GPs) and other specialists
- Complete review of future need for specialist occupational physicians, and push for funding to support an appropriate number of training posts within the context of wider Government planning for the healthcare workforce
- Seek opportunities to promote understanding of work and health and interest in occupational medicine as a career among medical undergraduates and newly qualified doctors (eg through presence at careers fairs and information to final year medical students)
- Develop and improve the bank of training materials in occupational health for medical undergraduates
- Continue training in healthcare for health professionals
- Develop guidance on health requirements for professional blue-light drivers
- Seek to publish articles to promote occupational health awareness
- Continue to work collaboratively with the Council for Work and Health, the Society of Occupational Medicine (SOM) and other related bodies, in particular pushing for an improved system of training and qualifications for occupational health nurses and allied health professionals working in occupational health
- Maintain links with the Confederation of British Industry (CBI), Trades Union Congress (TUC), Health and Safety Executive, Health Protection Agency, Department of Health (DH) and Department for Work and Pensions (DWP)
- Maintain liaison with chief medical officers of major companies to improve links between the specialty and industry
- Develop a new Faculty website with improved information for the public, employers and employees, as well as members
- Manage the first year of SEQOHS (Safe Effective Quality Occupational Health Service), the new accreditation scheme for occupational health providers, and encourage participation by occupational health services

Impact:

- There has been correspondence and meetings with Ministers and with the National Director for

Health and Work; also liaison with the DH on SEQOHS and educational initiatives. Regular meetings have been established with DH and SOM. **The President is on DH's Public Health Responsibility Deal group**

- Contact has been made with the public health lead at the Society of Local Authority Chief Executives and Senior Managers
- New guidance on recovery from illness and surgical procedures has been produced by the Royal Colleges of Psychiatrists and Surgeons, respectively, with input from Faculty members. Two Faculty representatives are actively involved, together with Royal College of General Practitioners (RCGP) and SOM, on further developing the Healthy Working UK website for GPs. The Faculty exhibited at the RCGP annual conference, for the first time, and produced new guidance for GPs for this event
- The workforce review has been completed and there is ongoing liaison with the Centre for Workforce Intelligence
- Occupational medicine teaching leads have now been appointed for all UK medical schools and many are actively involved. In 2012, the Mobbs Travelling Fellowships are being extended to undergraduates for occupational health electives. Careers exhibition and materials were used by members in local careers fairs
- The development and updating of training materials for medical undergraduates is the remit of the POHMS (Promoting Occupational Health in Medical Schools) group which was more formally established in 2011 as a Subcommittee of the Executive Committee
- Two further health for health professionals workshops were held in February (in Cardiff) and November (in Warwick), the latter being run partly in conjunction with the GPs
- A group, chaired by David Bulpitt, is developing guidance on health requirements for professional blue-light drivers
- A Faculty article was published in **'Occupational Health at Work' and an agreement made with 'Pulse' (for GPs) to publish a series of occupational medicine articles in 2012**
- The report on nurse training was completed and is available at: <http://www.councilforworkandhealth.org.uk/our-work>. Further meetings are planned with the Nursing and Midwifery Council
- Links with the CBI have been refreshed with the appointment of a new lay Board member. Multiple links with DH and DWP are ongoing
- Chief medical officers of major companies have been consulted about a new international diploma
- A new website, with improved information for the public and employers as well as members, was launched in early 2012
- SEQOHS governance structures have been put in place, with further developments underway. A substantive Clinical Lead has been appointed, a newsletter initiated and around 200 occupational health services have signed up, with 24 services accredited by March 2012

EDUCATION AND TRAINING

Specialist training arrangements

After four years of substantive changes in arrangements for specialty training (a new curriculum, new examination, revised arrangements for dissertation, new workplace-based assessments), 2011 was a relatively quiet period involving only minor housekeeping adjustments. The Part 2 Membership examination continued to bed in smoothly, especially considering the sustained effort in its development; advice in relation to alternative evidence and the dissertation was clarified; and further evolutionary work on workplace-based assessments (WBAs) was conducted **by the Faculty's WBA Subcommittee**.

The WBA Subcommittee completed a substantial audit in 2011. In previous years, the Faculty had appointed and trained its own external assessors in WBAs with the intention of supporting the development of new assessment methods and providing trainees and deaneries with independent feedback on a part of the activity. The plan envisaged external assessors checking a second time certain assessments which were easier to replicate. Reassuringly, Faculty assessors and educational supervisors drew very similar conclusions about trainee performance and judged all of the trainees to be performing satisfactorily; the tools also had reasonable acceptability among trainees and assessors, although a stakeholder workshop in September identified further scope for fine tuning.

National Trainees' Survey

Each year the General Medical Council (GMC) surveys all 47,000 postgraduate trainees for whom it has jurisdiction. A recent analysis compared 81 participating specialty registrars from Occupational Medicine with their peers. Pleasingly, this revealed generally higher levels of satisfaction, overall and with consultant supervision and workload, better internet access, and more opportunities for research, study leave and training experience.

Recruitment

Despite this good outturn, recruitment into specialty training posts continues to run at depressed levels. Following a sharp decline in 2008, it stabilised during 2009-2011, but at only 50-60% of the long run average. The decline has **been particularly savage in the Faculty's industrial training base**. A manpower analysis by Professor David Coggon places the national need at 37 new recruits per year, much ahead of the 13-14 trainees actually recruited in recent times.

By 2020 the Centre for Workforce Intelligence (CfWI) projects a 60% increase in the number of trained specialists across all disciplines, and this should broaden the base from which occupational medicine can recruit. In the short-term, however, the Faculty continues to advertise the specialty at careers fairs and at meetings of general practitioners (GPs), and has developed a new suite of recruitment leaflets and web information. It has also held discussions with the CfWI and the National Director for Health and Work about how to improve recruitment, and with the Lead Dean for occupational medicine about options for extending more widely the West Midlands initiative that grants junior doctors early exposure to occupational medicine via the Foundation Year 2 rotation. The case is also being developed for central subsidy of all training posts, although the economic backdrop for this is challenging.

The fall-off in training numbers has already had an impact on the cost-effectiveness of activities in support of training. Specifically, the September Part 2 Membership examination sitting in 2010 was attempted by only four trainees and ran at a loss. As foreshadowed previously, rather than increase the examination fee (by 50-60%) to cover costs, the Faculty reduced the examination's **frequency following the June 2011 sitting, to an eight-monthly rather than a six-monthly cycle**. To mitigate the impact on the training timetable, corresponding amendments to the Membership Regulations, which took effect in January 2011, granted trainees flexibility to enter the examination earlier in their training and without the precondition of first submitting their research dissertation. In the event, the June 2011 sitting was attempted by 18 trainees, a more financially sustainable position.

Membership *ad eundem* and specialist accreditation outwith UK specialist training

A part of the shortfall in numbers of trained specialists is made up each year by accreditation through alternative routes. **In 2009, the Faculty's** governing document was modified to extend Membership *ad eundem* to occupational physicians who qualified in the European Union and were listed on the specialist register via the European Specialist Medical Order. During 2009-11, 20 doctors were awarded Membership by this route, most of whom reside and practise in the UK. A further three doctors applied to become specialists in occupational medicine in 2011 via the CESR (Certificate of Eligibility for Specialist Registration) route to specialist accreditation, following four such applications the previous year.

Examination regulations and appeals

Following the implementation of a new set of examination appeal rules and procedures in 2010, further minor adjustments to the General Examination Regulations and guidance to candidates were approved by the Board in January 2011. In general, the new rules have provided improved transparency over expected timescales, outcomes and grounds for appeal, and have bedded in successfully. A further housekeeping review in 2011-12 is considering the rules relating to candidates who withdraw prematurely from examinations and allowable extenuating circumstances.

GMC review of training standards

In 2011 the GMC commenced a planned review into standards of specialty training in occupational medicine and the role of deaneries, local educational providers and other stakeholders, including the Faculty, in quality assurance and quality control. This initiative is nested with a wider exploration of how best to evaluate small specialties, and occupational medicine is one of three such disciplines being inspected.

A visiting delegation is taking evidence from a wide range of stakeholders, including trainees, trainers, deaneries, the Faculty, Regional Specialty Advisors, Specialty Training Committees, Training Programme Directors, newly qualified specialists and employers. The Faculty is committed to the highest possible standards of specialist training and has engaged fully in supplying evidence to the review team. We encourage all stakeholders who are approached in 2012 to participate in this process.

External relations

Training in primary care

In April 2011 a sounding board convened by Dame Carol Black reviewed the contribution of the Faculty and its members to progress with the health, work and well-being agenda; a conference in December revisited this theme. The achievements – often in partnership with other parties, including the Society of Occupational Medicine, Royal College of General Practitioners, and Department for Work and Pensions – are substantial, including: the development of online training materials for undergraduates; the linking to medical schools with occupational health ‘teaching leads’; the development of an online modular distance learning package for primary care, and of a separate one-stop website portal for GPs; e-learning for secondary care physicians; expert input to help shape the fit note; and support for a national programme of educational workshops for GPs (attended by 3,000 GPs up to March 2011). It was also estimated that by **March 2011 some 2,000 GPs had sat the Faculty’s Diploma examination, which was first instituted in 1994.**

Regulatory activities

In 2010, the GMC stated that examinations taken outwith approved training could not count towards a Certification of Completion of Training (CCT); but, amidst widespread concern, postponed implementation of the ruling pending a further look in 2011. **The review’s completion date has now been extended, meaning that “doctors already in training or who enter training by 31st October 2013 will have any valid passes in approved national exams counted towards their CCT, even if not in approved training when they sat the exam”. This could be relevant, for example, to specialist trainees who have formerly passed the Faculty’s Diploma in Occupational Medicine and wish to be exempted the Part 1 Membership examination (which entails an identical multiple choice question paper), or those with a previous MSc they wish to submit for assessment as an examined dissertation.**

Health for health professionals

Following on from the successful training day on health for health professionals held in London in November 2010, two further events were held in 2011, the first in Cardiff and the second in Warwick, the latter being run jointly with the Royal College of General Practitioners (RCGP). The aim of this training programme is to raise awareness and understanding of the specific health needs of health professionals amongst occupational physicians across the UK. The training days are interactive and aim **to seek delegates’** views about the challenges they face in managing doctors with health problems and also explore the barriers and enablers to improving support and services for all health professionals. These events are part of the collaborative working between the Faculty, RCGP and the Royal College of Psychiatrists and funded by the Department of Health.

Aviation medicine

For some time senior figures in aviation medicine have been considering moves to petition for aviation medicine to become a new medical specialty. The Faculty has a long standing relationship with this discipline, having run the Diploma in Aviation Medicine for over thirty years, and having many members who have the diploma and who work in aviation medicine. Towards the end of 2011, a formal application

was made to the Department of Health for aviation and space medicine to be recognised as a medical specialty, and the Faculty responded to the subsequent formal consultation in support of this change. The Faculty values and retains its close links with aviation medicine and its key personnel and will be offering continued support in administrative and other ways.

Academic Forum

The Academic Forum is a multidisciplinary independent body, supported by the Faculty and chaired by Professor Sir Mansel Aylward. It has the broad aim of facilitating an exchange of views between the occupational health academic community and the Faculty on issues relating to research and training. The Academic Forum met in April and October, 2011, key items for discussion including academic manpower planning to support the work and health agenda, health research governance, undergraduate training, welfare reform, the state of the public health service in England, and support for the highly successful Epidemiology in Occupational Health (EPICOH) 2011 international scientific meeting in Oxford.

Help in education and training

The Faculty relies heavily on its members, staff, and officers to achieve its charitable aims, especially those supporting education and training. We thank these many parties for their generous and wholehearted contribution in 2011, and invite their continuing assistance over the coming year, and that of new members who are welcome to contact us and share in the effort.

Objectives for 2011:

Assessment

- Effect a smooth implementation of the new curriculum
- Monitor 2nd year of Part 2 Membership examination
- Ensure examination Regulations are reviewed regularly
- Ensure office examination procedures are reviewed regularly and practices effectively managed
- Explore scope for a new international diploma in occupational medicine

Training links and external relations

- Update the responsibilities and roles of Regional Specialty Advisers (RSAs) (in order to reflect the changing demands of the new curriculum and educational governance)
- Develop the role of the RSA, in light of the revalidation requirement to support the Responsible Officer
- Continue to develop links with London School of Occupational Medicine and establish links with Postgraduate Schools covering occupational medicine in other deaneries
- Maintain good communication links with the General Medical Council (GMC); Managing Medical Careers and the Specialty Training Committee of the Academy of Medical Royal Colleges (AoMRC)
- Ensure that requirements about training issued by GMC are effectively addressed
- Develop and maintain excellent communication links with deanery Specialist Training Committees
- Continue to work with the Royal College of General Practitioners (RCGP) and the Society of Occupational Medicine (SOM) with the aim of ensuring a useful future for the Department of Health (DH) e-LFH (e-Learning for Healthcare) online training package for primary care
- Continue to work with the RCGP and SOM on the running of the Healthy Working UK website
- Complete report on training in environmental medicine

Educational events

- Run an Annual Scientific Meeting, and two other conferences

Other training matters

- Learn lessons from the 2010 workplace based assessment (WBA) external assessors pilots, review the WBA assessment tools, particularly SAIL (Sheffield Assessment Instrument for Letters) and DOPS (Directly Observed Procedural Skills), and keep the system of external assessors under review
- Ensure the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly

Impact:

Assessment

- The new curriculum has now fully superseded the old one and is operational
- The second diet of the Part 2 Membership examination was held, with careful ongoing monitoring
- A review of examination regulations concerning withdrawals from examinations was completed. A

- flow-chart summary of the appeals process has been published
 - Office examination procedures and practices are actively under review
 - Preliminary consultations on a potential new international diploma have taken place
- Training links and external relations*
- The job description for RSAs has been updated and raised at an RSAs' meeting
 - Consideration is being given to any implications for the RSA role in the light of revalidation
 - Meetings with the Head of the London School of Occupational Medicine (a joint FOM/Deanery appointment) are ongoing
 - There has been regular contact with the GMC, which has increased as the GMC has embarked on a review of training in small specialties, including occupational medicine. A meeting of GMC College leads has been attended
 - All GMC communications on training are noted and actioned where necessary
 - The Registrar wrote to deaneries seeking updated trainee records; this proved beneficial in providing new names and improving other ongoing communications
 - The future of the DH e-LfH online training package has been kept under review by the RCGP group (see below)
 - Two Faculty members are on the editorial board of the Healthy Working UK website and are actively involved
 - The report on training in environmental medicine has been completed and submitted to the Academy of Medical Royal Colleges
- Educational events*
- The Annual Meeting was held in May and successful conferences held in September and December
- Other training matters*
- A report on the WBA external assessor pilots has been written and the lessons learnt acted upon. The review of SAIL and DOPS practice is still ongoing
 - The plans for the HAVS qualification have been reviewed and a decision made to appoint a new Chief Examiner in early 2012. Consultations with course centres will be held

PROFESSIONAL DEVELOPMENT AND STANDARDS

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

For the 2010 CPD year there were 584 returns submitted, a modest increase on the 564 submitted in the previous year and a continuation of the trend towards increasing CPD participation as revalidation draws closer:

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
257	292	340	368	416	435	459	502	564	584

Of the 584 CPD returns submitted, 479 were from Members or Fellows working in the UK which represents 64.3% of the possible 745 Members or Fellows working in the UK and 82.6% of CPD returns submitted in 2010.

The CPD audit scheme now ensures that all participants will be invited to submit evidence to support the CPD points claimed in a five yearly cycle. In 2011, 117 members were invited to be audited, 112 of whom supplied evidence to support their CPD record. Overall CPD audit submissions were encouraging with the overall average of external CPD points exceeding the minimum recommended 25 external CPD points.

Revalidation

The main effort for the Faculty in relation to revalidation in the last year has been to complete the revalidation pilot. 48 members volunteered to take part in the core pilot as appraisees of whom 45 successfully completed an appraisal through the Society of Occupational Medicine Quality Assured Appraisal Scheme (SOM QAAS). A further 49 had appraisals through 'nested' pilot schemes run by the Defence Medical Services, Health and Safety Executive and Health Management Limited. The outcomes of these nested pilots are not included in this short report.

The supporting information for appraisal and revalidation was entered into a customised e-portfolio and checked by the pilot Responsible Officer (RO) for quality assurance purposes and to provide the basis for a pilot revalidation recommendation. Due to a lack of key elements of supporting information in some cases, particularly failure to describe the spread of professional activities of the appraisee, only 33 of the 45 appraised through the SOM QAAS received a positive pilot recommendation for revalidation. In the remaining 12 cases the RO had insufficient information available in the e-portfolio and would have had to ask the General Medical Council (GMC) for deferral of the revalidation decision in order to allow more time to view the missing evidence. In no case was there any suggestion that the individual doctor concerned was not fit to practise, and all had received a satisfactory appraisal summary. In practice, the absence of key supporting information would be apparent early in the revalidation cycle, allowing the RO to discuss outstanding requirements with the appraisee well before the revalidation date, obviating the need for GMC involvement.

One of the main aims of the pilot was to develop the role of the Faculty RO, which will be the vehicle to support those members, who do not have a prescribed connection to a RO through their employer, through revalidation. Whilst further work is required on the detail, including costs, progress is keeping pace with the **GMC's timescale for the introduction of revalidation**. The e-portfolio, which will incorporate an online CPD diary, is being developed further as a result of feedback from the pilot and changes to the GMC appraisal framework, and will be made available to any member who wishes to subscribe to it, whether or not they use the Faculty RO scheme. All members will have access to the CPD diary at no additional cost.

All of the development work on revalidation has been funded by the Academy of Medical Royal Colleges. Further information on revalidation can be found on the faculty website at: <http://bit.ly/K6DK05>.

Occupational health service standards for accreditation (SEQOHS)

2011 was an exciting year for SEQOHS (Safe Effective Quality Occupational Health Service). Following the launch of the SEQOHS standards at the start of 2010 and the launch of the accreditation scheme at the end of the year, the first SEQOHS awards ceremony was held on the 12 July 2011. Dame Carol Black awarded SEQOHS accreditation certificates to seven occupational health services.

SEOOHS has now accredited 21 services, the range of services includes single handed operators, NHS services, commercial and in-house occupational health services. There are 171 services working towards gaining accreditation and 45 assessors in various stages of training.

The development of SEOOHS was led by Dr Paul Nicholson and thanks go to him for all his work. Paul Nicholson stood down in 2011 and Dr Sally Coomber was appointed as the SEOOHS Clinical Lead.

The NHS has been a tremendous support stating that all NHS Occupational Health Services are required to be ready for accreditation by the end of March 2012. SEOOHS has also received the backing from the Faculty of Occupational Medicine in Ireland so that Irish services can now sign up to go through the accreditation process.

The accreditation scheme is being managed by the Royal College of Physicians on behalf of the Faculty of Occupational Medicine. The Faculty is grateful to NHS Plus and the Department of Health for their support for the development of the accreditation system.

Health and Work Development Unit (HWDU)

The Health and Work Development Unit (HWDU) is a partnership between the Royal College of Physicians (RCP) and the Faculty of Occupational Medicine and is hosted by the Clinical Standards department at the RCP. The unit is a national centre of excellence for health, work and wellbeing quality improvement work.

HWDU's remit is to contribute to improving the health of the workforce by supporting the implementation of evidence-based guidance. The unit carries out national clinical and organisational audit, facilitates change management work with participants and develops evidence-based guidelines. **HWDU's work aligns** closely with the Boorman and Black reviews and supports the continuing professional development of the Faculty membership.

During 2011 HWDU has:

- worked closely with colleagues at SEOOHS to ensure alignment of HWDU projects with the evidence and activity they require, as well as meeting the needs of HWDU and its funders
- begun work on an audit and quality improvement programme for all occupational health clinicians, to **extend the reach of the unit's work beyond the NHS**
- delivered the second round of the national clinical audit of occupational health management of back pain in the NHS; 87% of occupational health services participated and twice as many cases were entered into the audit compared with the first round
- delivered the first round of a national record keeping audit for occupational health clinicians, (suitable for submission to SEOOHS)
- delivered the first national patient satisfaction survey for occupational health services (suitable for submission to SEOOHS)
- published results of the national organisational audit of the implementation of the National Institute for Health and Clinical Excellence (NICE) public health guidance for the workplace; this audit has been **very well received and has influenced the Department of Health's agenda. HWDU has secured funding** for implementation work based on this audit during 2012
- developed tools for audit participants to support dissemination and implementation of change, including: six economic models to quantify the cost saving to employers that could be realised by fully implementing NICE public health guidance; a knowledge management system; a graphic animation to articulate the business case for health and wellbeing; slidesets for disseminating audit result, action planning the theory of behaviour change, and guideline implementation; and a series of national conferences and workshops for occupational health clinicians, human resources directors and implementation leads
- published a concise guideline on the fit note, and is developing further concise guidelines on occupational asthma and pregnancy

During 2012 HWDU will be working more closely with the Department for Health and NHS Employers, as one of the delivery arms of their health and work programmes for the NHS. The unit will continue to contribute to health and work debates, influencing the national agenda and raising the profile and priority of health and work matters. Presently quality improvement activity for occupational health and the workforce is gaining momentum, although funding remains a challenge for the unit.

Ethics Committee

There were two changes to the membership of the Ethics Committee in 2011, with John Challenor joining the committee at the beginning of the year to succeed Shriti Pattani, and Barbara Harrison succeeding Peter Graham as the lay Board member nominated by the Confederation of British Industry. The Ethics Committee is grateful to both of them for their contributions to the work of the Committee over a six year period, and particularly to Peter Graham for the added dimension he brought as a lay member.

The Committee met three times during 2011, devoting the majority of its time to revising the Faculty's ethical guidance. The work is on track for publication of the new guidance towards the end of 2012 and its launch at a conference in December.

Objectives for 2011:

- Actively participate in developing revalidation through the work of the Academy of Medical Royal Colleges' (AoMRC's) Revalidation Development Group
- Seek to develop an e-portfolio system
- Continue to 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
- Introduce an online diary for Continuing Professional Development (CPD) that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel with the current paper-based system to give members a choice, but with the aim of migrating to an online only system within a few years
- Audit all CPD returns on a five yearly basis
- Pilot revalidation for occupational physicians in conjunction with the Faculties of Public Health and and Pharmaceutical Medicine
- Develop a scheme for providing a Responsible Officer (RO) 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

Impact:

- **Active participation in the AoMRC's Revalidation Development Group is ongoing**
- The Faculty successfully applied for funding from AoMRC to develop an e-portfolio system in conjunction with the Faculties of Pharmaceutical Medicine and Public Health. An electronic system was developed and used in the revalidation pilot
- A model for revalidation has been developed and piloted
- The plan is to incorporate an online CPD diary into the new e-portfolio system. A pilot version is currently being tested
- 117 members were invited to participate in the 2010 audit of CPD returns, of whom 112 supplied evidence to support their CPD record
- A tri-Faculty revalidation pilot was successfully completed; the outcome is described under **'Revalidation', above**
- An interim RO was appointed for the pilot and plans are now under way for a substantive appointment to be made later in 2012
- Members have been reminded regularly of the importance of appraisal and CPD through e-letters and website updates. CPD participation increased to 584 in 2010 from 564 in 2009

MEMBERSHIP

Membership involvement

The Faculty's membership is its lifeblood. It is only through the dedication and expertise of its members that the Faculty can carry out its charitable objects - which are, in brief, the promotion of education and good practice in occupational medicine for the benefit of the public (the full objects are set out at the beginning of this report). Whilst there is a small staff group which manages and supports the organisation, the **members' knowledge and experience** are an essential part of the Faculty being able to carry out its many functions. **There are over 300 voluntary roles making up the fabric of the Faculty's work, which, out of a** membership of 1,560, demonstrates an impressively high level of member commitment. It is not possible to list all members who support the work of the Faculty but the names of the majority who assist on committees and in the key areas of examinations and training can be found at Annex 2 to the web based version of this report **on the Faculty's website at: www.fom.ac.uk**

The profile of occupational medicine

The last three years have been a time of unprecedented high profile activity for occupational medicine, with **the Black and Boorman Reports, the Government's high level interest in health at work and its reviews of** welfare reform and sickness absence and the creation of SEQOHS, the accreditation system for occupational health services. Many other medical specialties are becoming more closely engaged with occupational **medicine and the Faculty, recognising that their patients' working life is often an important factor in their** health.

Recruitment

In the face of such recognition and demand for occupational medicine, it is therefore paradoxical that there has been a reduction in occupational medicine training posts in both the National Health Service and in the private sector, and also low numbers of applicants for those posts, leading to concerns about there being insufficient specialist doctors in the future. The Faculty Board has therefore been redoubling its efforts to promote an awareness of occupational health and an interest in occupational medicine as a career, through its work with medical schools and general practitioners, as described in the Education and Training section.

Affiliating Diplomates

As part of its intention to offer more support to affiliating Diplomates, the Board has decided to create a place on the Board to represent this group. The first appointment, of Dr Brendan Dooris, was made in late 2011 and plans will be set out during 2012, with a view to seeing how the Faculty can engage more effectively with its affiliating diplomates. A number of affiliating Diplomates ceased subscribing, several citing competing subscription demands as the reason. Diplomates are an important part of the occupational medicine workforce and the Faculty is keen to work more closely with this sector.

Members' room

The Faculty is keen to improve its services to members and was pleased that the office move in 2010 **enabled it to establish a members' room. This is a room which members can book for small meetings or** private study. It has already been used well, for trainee/trainer meetings and also for members to meet colleagues.

Membership numbers

	2010	2011
Honorary Fellows	87	89
Fellows	309	296
Members	443	446
Associates	221	204
Specialist/Specialty Trainees	101	92
Affiliating Diplomates	456	353
Life members	79	80
Total	1,696	1,560

Journal

Members continue to benefit from receiving the Faculty's adopted journal *Occupational and Environmental Medicine*. A wide range of topics was covered in 2011, including: a longitudinal study of the health effects of job insecurity; wood dust exposure and the risk of lung cancer; the impact of common mental health disorders on sickness absence; pneumoconiosis and emphysema in construction workers; mortality from diabetes and ischaemic heart disease in textile workers; and job stress and the use of anti-depressants.

Prizes

The Wilf Howe Memorial Prize for innovative practice was awarded to Dr Marianne Dyer for her work on improving the health and well-being of the construction workforce of the London 2012 Olympic Park and **Athletes' Village**. Our thanks are due to Mrs Lyn Howe for her continued support of this prize.

Mobbs Travelling Fellowships were awarded to:

- Dr Abiola Adanijo for presenting at a moderated poster **session on 'Treatment of latent tuberculosis infection diagnosed during pre-employment screening in healthcare workers – a UK experience' at the Canadian Respiratory Conference** in Niagara Falls, Ontario, Canada
- Dr Luke Walsh for (i) the experience of, and exposure to, the practice of occupational medicine in an agricultural setting in Kuopio, Finland; and (ii) the opportunity to attend a short course, to enhance knowledge and core skills by attending the Basic Reviewers Course at the Cochrane Collaboration, the Finnish Institute of Occupational Safety and Health, Helsinki, Finland;
- Dr Jennifer Dodman to support her undertaking the Advanced Aviation Course at Kings College London.

These fellowships were established through the generosity of the late Sir Nigel Mobbs and continue to be supported by Corporate Health Ltd, which is greatly appreciated.

Objectives for 2011:

- Attend at least one medical careers fair
- Review ways of improving services to affiliating diplomates
- Ensure that Faculty activities fully embrace all four UK countries
- Maintain regular electronic communications and periodic postal communications with members

Impact:

- Several expressions of interest in occupational medicine arose from the Royal College of General Practitioners annual conference and from Opening Doors, an organisation dedicated to alternative career paths for doctors
- An affiliating Diplomate has been co-opted onto the Board
- One of the health for health practitioners workshops was held in Wales. Plans are underway for a future conference in Scotland, jointly with the Society of Occupational Medicine
- Three hard copy mailings and 26 e-letters have been sent to the membership during the year

GOVERNANCE, RESOURCES AND INTERNAL MATTERS

Governance

2011 was the first year of operation for the Faculty as an incorporated charity. This change of legal status had been decided by the Trustees because, although acting as an unincorporated charity had proved satisfactory thus far, the Faculty had reached a size and stage of maturity which meant that incorporation was more appropriate. One significant factor was the Faculty's need to move to new premises on commercial terms. The change has meant that the Faculty is now a legal entity and so agreements such as contracts and leases, which previously had to be made between third parties and the individual Trustees, can now be made with the Faculty itself as an organisation.

In making this change, the Faculty retained its original charitable objects and is still accountable to the Charity Commission and the Office of the Scottish Charity Regulator, as well as to Companies House.

The Faculty is therefore now governed by new Articles of Association which are available on the website.

As part of its intention to offer more support to affiliating Diplomates, the Board decided to create a place on the Board to represent this group. The first appointment, of Dr Brendan Dooris, was made in late 2011 and plans will be set out during 2012, with a view to seeing how the Faculty can engage more effectively with its affiliating diplomates. This Board position currently has observer status.

Resources

As was reported last year, the Faculty was facing a challenging time twelve months ago, with a reduction in the number of trainees and examination candidates impacting adversely on income. This, combined with the move from the Royal College of Physicians to the new premises, at a commercial rent, at a time when the depressed market had reduced the value of shares, meant that the Board had to make some difficult decisions.

Steps were taken to reduce significantly the Faculty's expenditure in all areas, and subscriptions and fees were increased above the rate of inflation. The Faculty was grateful to its members for their understanding of the need to do this and it can now be reported that this has had the intended effect, putting the finances on a much stronger footing and resulting in the need for only a minimal increase in charges for 2012.

New income streams are being actively pursued.

Website

The Faculty had some restricted funds in reserve for the development of a new website and work on this commenced in the second half of 2011. The reason for this was to create a site which was more user-friendly and easily navigable, and which offered a higher level of functionality – in particular a search function, the facility for members to be able to have individual logins and the means for online sales. The site was launched in the early part of 2012.

Objectives for 2011:

- Set strategy for new income development
- Actively market membership, publications and examinations
- Promote the Diploma in Occupational Medicine (DOccMed) at the Royal College of General Practitioners' conference
- Ensure staff are appropriately managed, trained and supported
- Draw up medium term plan to ensure the Faculty has adequate funds in forthcoming years
- Review investment policy and practice regularly
- Ensure adequate IT back-up and support
- Ensure business continuity plan is reviewed annually and updated as necessary
- Keep tenure of Officer and other key posts under review, with the aim of retaining and attracting high quality post-holders
- Consider at least annually the Faculty's position in the wider context of medical and social changes and ensure the Faculty is responding appropriately

Impact:

- The Income Generation Group prompted work on new professional days and a new diploma, which are being progressed
- The DOccMed was marketed at the RCGP conference and new guidance for GPs working part-time in occupational health was published
- The Faculty exhibited at the RCGP conference in Liverpool in October
- Staff have regular meetings with managers as well as annual appraisals; identified training and support needs are implemented
- Income and expenditure and the management of investments have been kept under review by the Board
- The investment policy has been reviewed and funds moved back to Schroders
- A review meeting with the IT support company has been held to ensure adequate back-up and support arrangements
- The business continuity plan has been reviewed and is being updated, **with a mock 'disaster'** planned to ensure the plan works
- The Executive Committee reviewed succession planning for Officer and key roles and early warning of forthcoming posts has been advertised
- The President initiated a member survey, established a Strategy Group and led a Board away day

FINANCE REVIEW

The information in this 2011 Review is extracted from the full Financial Statements audited by Kingston Smith.

The Trustees are pleased to report that in spite of a challenging period, and having to make some difficult decisions at the beginning of the year, the Faculty achieved a small surplus in the operational budget and modest increase in general funds in 2011.

Those of you who have read the Faculty's previous reports or attended Annual General Meetings will be aware that the last three years have been demanding for the Faculty, with 2009 being the first year when the underlying profit and loss account had been in debit. 2010 saw a move to our new offices, meaning the loss of the peppercorn rent with the Royal College of Physicians, a considerable reduction in entrants to our examinations and delays to revalidation work (for which we had already committed resources but were unable to draw down money for the same). As a result we recognised the need to take radical action to balance the budget. For this reason we made a necessary increase in subscription and examination fees and took steps to reduce staff costs.

The summer of 2011 again saw a significant drop in the financial markets similar to that in 2010, whilst interest rates in banks and building societies remained at record low levels. These factors, together with the continued need to spread our limited cash and investment monies for security reasons, continued to make it difficult for the Faculty to accrue any notable increase in our underlying funds, thereby increasing our dependency on subscriptions, examination fees, conference attendance and a vanishing level of central grants or allowances. In recognition of this the Faculty established an income generation group, out of **which came a number of ideas which are now being pursued. Also on a positive note, the Faculty's** membership remained reasonably steady and, although the number of affiliating Diplomates has decreased, we have not yet seen any significant drop off in support from colleagues despite the pressure of costs. It must not be forgotten however that our current static level of membership is a matter of concern to the Treasurer and Board, as it is associated with a reduction in specialists entering training. This report documents elsewhere the various actions being taken to address this issue.

Excellent control of expenditure on charitable activities and governance costs meant that a small operational budget surplus of £5,877 was achieved – **and yet the Faculty's accounts** in this report indicate a deficit of £185,033 over the year. This deficit figure is accounted for by the fact that during 2011 the Faculty spent £190,910 from restricted funds, the income for which had been received in a previous year (and so the **income does not appear in 2011's accounts**). **The apparent deficit is therefore just a reflection of monies** being received in one year and spent in a subsequent year.

Reserves

The Faculty's reserves policy is to hold 50% of planned annual expenditure.

General funds stand at £345,773, which represents 45% of expenditure for 2012. It should also be noted that the Faculty holds £502,025 as a designated fund, the majority of which is set aside for future accommodation needs. Our reserves, although improved, must continue to be monitored by the Trustee Board as we cannot be complacent and still need to continue to build on free reserves to achieve the level of six months expenditure as set out in our policy.

Accommodation

Continuing on the very positive points from last year, the move to our own more suitable accommodation, with meetings rooms, has been very helpful in realising the anticipated cost control for the various Faculty professional meetings and catering. Similarly the use of different premises for examinations has also realised savings. **The new premises have also allowed for the creation of a members' room, where members can** meet colleagues and friends in when visiting London.

Sponsorship and grants

2011 was a difficult year in terms of sponsorship. We are however very grateful to the people and organisations below for providing support to various work and projects:

- Mrs Lyn Howe (additional funds for the Wilf Howe Memorial Prize)
- Department of Health (development of: SEQOHS; professional briefing days to be launched in 2012; and a new qualification – as well as a grant towards specialty training)

Investments

Having taken a view on the market situation, and recognising that it was most unlikely there would be change in interest rates for cash in the short term, the Board recognised the need for some longer term investment and so we have re-invested some of our capital cash in Schroder Charity Equity Funds, which has performed well, benchmarked against the FTSE. We have also sought to make smaller deposits of cash into various saving schemes with better rates of interest, as and when we can.

Budget 2012

In line with our previous plans for 2012 and 2013, and now looking to 2014, the Board has again agreed a budget which should produce a very small surplus balance for the year ahead and the Trustees continue to monitor carefully the adequacy of the level of reserves. At this stage we see no reduction in the work required to achieve our charitable aims and acknowledge this will include the costs of work concerning revalidation and the responsible officer service for colleagues, as well as work to increase recruitment into the specialty and on educational developments.

With regard to the annual audit, it should be noted that our auditors Kingston Smith LLP have considered **the Faculty's financial management and systems of internal control and have also suggested further refinements** to that which are being adopted.

Conclusion

The Trustees wish to thank all the staff for their great efforts in keeping the day to day work going despite **the challenges. Thanks are due, too, to the Faculty's members, on whom the Faculty is increasingly reliant** and who give their services to the Faculty voluntarily, and also to their employers who are willing to support them, in this important work, despite difficult economic times.

In conclusion, we can look forward to 2012 and beyond with confidence, albeit tempered with some concerns. The Faculty Trustees are looking well ahead, and are aiming to position the organisation so that it can both capitalise on opportunities and also address threats as they arise. The finances are being prudently managed so as to ensure we are equipped to carry out our charitable aims and to meet new needs and the challenges of the future. And we are fortunate in being able to rely on the support of so many friends and allies, and especially our members, who are the life-blood of the Faculty.

OBJECTIVES FOR 2012

Promotion of occupational health and medicine, and the Faculty, in liaison with other organisations where appropriate, targeting in particular:

- Government
- Potential recruits to the specialty
- General Practitioners
- Other medical specialties

Maintenance of high standards in education and training, seeking to broaden the scope where appropriate. In particular to:

- Keep all aspects of specialty training under regular review
- Identify and seek to work towards systemic changes to specialty training which could enhance recruitment
- Provide relevant continuing professional development (CPD) and training opportunities for practising occupational physicians
- Provide and promote educational opportunities to general practitioners
- Explore new potential educational projects

Support for professional development and standards through:

- Progressing revalidation plans with a view to becoming operational in late 2012
- Establishing a Responsible Officer service
- Developing an online CPD system
- Appointing a Director of Quality Improvement

Support for all members through membership services and focusing in particular on:

- Support for Associates seeking Membership
- Improved services for affiliating Diplomates

Maintenance of high standards of governance, and resource and operational management, including:

- Succession planning for officer and other key honorary posts
- Reviewing investments regularly
- Seeking new marketing opportunities
- Regular reporting to the Executive Committee to ensure compliance and optimum efficiency

Implementation of recommendations of the Strategy Group accepted by the Board

STATEMENT OF TRUSTEES' REPONSIBILITIES

The Trustees (who are also directors of the Faculty of Occupational Medicine for the purposes of company law) **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.)**

Company law requires trustees to prepare financial statements for each financial year which give a true and fair view of the state of the affairs of the charitable company and of the incoming resources and application of resources, including the income and expenditure, of the charitable company 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 Statement of Recommended Practice (SORP);
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK 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 charitable company 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 charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006 and the Charities and Trustee Investment (Scotland) Act 2005 and the Charities Accounts (Scotland) Regulations 2006.. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

In so far as the trustees are aware:

- **there is no relevant audit information of which the charitable company's auditor is unaware; and**
- the trustees have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

This report has been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006.

APPROVED by the Trustees and directors on 3 May 2012 and signed on their behalf by:

President: Dr Olivia H Carlton FRCP FFOM

ANNEX 1 :
AUDITED ACCOUNTS FOR THE PERIOD ENDED 31 DECEMBER 2011

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INDEPENDENT AUDITORS' REPORT TO THE TRUSTEES AND MEMBERS OF THE FACULTY OF OCCUPATIONAL MEDICINE

We have audited the financial statements of the Faculty of Occupational Medicine for the period ended 31 December 2011 which comprise the Statement of Financial Activities, the Balance Sheet, and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of **Part 16 of the Companies Act 2006; and to the charity's trustees, as a body, in accordance with Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005.** Our audit work has been undertaken so **that we might state to the company's members and trustees those matters which 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 any party other than the charitable company, the charitable company's members as a body, 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 auditor

As explained more fully in the Trustees' Responsibilities Statement the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditors under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and the Companies Act 2006 and report to you in accordance with regulations made under those Acts. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards **require us to comply with the Auditing Practices Board's (APB's) Ethical Standards for Auditors.**

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are **appropriate to the charitable company's circumstances and have been consistently applied and adequately** disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements. In addition we read all the financial and non-financial information **in the directors' annual report to identify material inconsistencies with the audited financial statements. If** we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

Opinion on financial statements

In our opinion the financial statements:

- **give a true and fair view of the state of the charitable company's affairs as at 31 December 2011 and of its incoming resources and application of resources, including its income and expenditure, for the period then ended;**
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006, the Charities and Trustee Investment (Scotland) Act 2005 and regulation 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

Opinion on other matters prescribed by the Companies Act 2006

In our opinion **the information given in the Trustees' Annual Report for the financial period for which the financial statements are prepared is consistent with the financial statements.**

Matters on which we are required to report by exception

We have nothing to report in respect of the following matters where the Companies Act 2006, the Charities Accounts (Scotland) Regulations 2006 (as amended) and the Charities Act 2011 require us to report to you if, in our opinion:

- the charitable company has not kept proper and adequate accounting records, or returns adequate for our audit have not been received from branches not visited by us; or
- **the charitable company's financial statements are not in agreement with the accounting records and returns; or**
- certain disclosures of **trustees' remuneration specified by law are not made; or**
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the **directors' report.**

Sandra De Lord (Senior Statutory Auditor)

for and on behalf of
Kingston Smith LLP, Statutory Auditor
Devonshire House
60 Goswell Road
London
EC1M 7AD

Date: May 2012

Kingston Smith LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

STATEMENT OF FINANCIAL ACTIVITIES
(incorporating the Income & Expenditure Account)
Period ended 31 December 2011

	Notes	Unrestricted funds Designated Funds £	General Funds £	Restricted Funds £	Total 2011 £	Total 2010 £
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	14,131	5,771	-	19,902	14,588
Incoming resources from charitable activities						
Subscriptions		-	447,764	-	447,764	384,941
Qualifications and training		-	199,456	-	199,456	179,849
Publications		-	4,625	-	4,625	3,877
Other income		-	6,391	-	6,391	19,411
Conferences and events		-	52,493	-	52,493	66,057
Grants and contracts for publications, training and conferences	2	-	-	96,933	96,933	404,073
Total incoming resources		14,131	716,500	96,933	827,564	1,072,796
RESOURCES EXPENDED						
Charitable activities	4	14,350	665,281	239,254	918,885	873,813
Governance costs	6	-	84,439	-	84,439	115,981
Total resources expended		14,350	749,720	239,254	1,003,324	989,794
Net incoming resources before transfers		(219)	(33,220)	(142,321)	(175,760)	83,002
Transfers between funds		(8,000)	56,589	(48,589)	-	-
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	(9,273)	-	-	(9,273)	12,521
Net movements in funds for the period		(17,492)	23,369	(190,910)	(185,033)	95,523
Funds balance brought forward at 1 January 2011	15	519,517	322,404	454,249	1,296,170	1,200,647
Funds balance carried forward at 31 December 2011		<u>£502,025</u>	<u>£345,773</u>	<u>£263,339</u>	<u>£1,111,137</u>	<u>£1,296,170</u>

All income has been generated from continuing operations.

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

BALANCE SHEET
31 December 2011

	Notes	2011		2010	
		£	£	£	£
FIXED ASSETS					
Tangible assets	9		30,540		40,092
Investments	10		487,230		235,872
			<u>517,770</u>		<u>275,964</u>
CURRENT ASSETS					
Stock	11	1,464		2,928	
Debtors	12	46,977		29,083	
Cash on deposit		358,803		857,856	
Cash at bank and in hand		424,196		424,615	
		<u>831,440</u>		<u>1,314,482</u>	
CREDITORS: amounts falling due within one year	13	238,073		294,276	
NET CURRENT ASSETS			<u>593,367</u>		<u>1,020,206</u>
NET ASSETS			<u>£1,111,137</u>		<u>£1,296,170</u>
REPRESENTED BY:					
Unrestricted funds					
General funds	15	345,773		322,404	
Designated funds	15	502,025		519,517	
		<u>847,798</u>		<u>841,921</u>	
Restricted funds	15		263,339		454,249
TOTAL FUNDS	16		<u>£1,111,137</u>		<u>£1,296,170</u>

These financial statements have been prepared in accordance with the provisions applicable to small companies subject to the small companies' regime within Part 15 of the Companies Act 2006.

The financial statements, which were approved and authorised for issue by the Board of Trustees and directors of the company on 3 May 2012, were signed below on its behalf by:

President: Dr Olivia H Carlton FRCP FFOM

Treasurer: Dr S C Sheard MMedSci FRCP FFOM FFSEM DAvMed

NOTES TO THE FINANCIAL STATEMENTS

Period ended 31 December 2011

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) and in accordance with the Financial Reporting Standard for Smaller Entities (effective April 2008).

(b) Fixed assets

Individual fixed assets costing £500 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	-	20.00% 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 period in which they are incurred.

(f) Investments

Investments are included at market value.

Unrealised gains and losses on investments arising in the period are included in the Statement of Financial Activities for the period 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 charity and include project management.

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

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

- (k) Incorporation

The unincorporated charity, Faculty of Occupational Medicine, transferred its net assets, funds and undertakings to the incorporated charitable company, Faculty of Occupational Medicine, on 1 January 2011. However, the intention of this transfer was an effective continuation of the charitable activity of the Faculty. These accounts reflect the continuing nature of the operations, such that the comparative figures reflect the activity of the trust until its cessation on 31 December 2010, with the current year figures reflecting the activity in the incorporated charity from 1 January 2011 to 31 December 2011.

2	GRANTS AND CONTRACTS	Designated £	Restricted £	General £	Total 2011 £	Total 2010 £
	Grants and contracts					
	Academy of Medical Royal Colleges					
	Environmental medicine	-	-	-	-	2,825
	Revalidation work					
	CPD online	-	-	-	-	25,000
	e-Portfolio	-	(37,375)	-	(37,375)	80,000
	Pilot	-	4,808	-	4,808	91,645
	Corporate Health					
	Mobbs Travelling Fellowships	-	-	-	-	10,000
	Department of Health					
	(e-LfH) e-learning	-	-	-	-	25,000
	Diploma grant	-	4,000	-	4,000	-
	Professional briefings grant	-	4,000	-	4,000	-
	Health for health practitioners	-	-	-	-	37,880
	SEQOHS accreditation system	-	119,000	-	119,000	130,973
	Training grant	-	1,500	-	1,500	-
	Other					
	BP (for conference stands)	-	-	-	-	750
	Wilf Howe fund	-	1,000	-	1,000	-
		£-	£96,933	£-	£96,933	£404,073
		=====	=====	=====	=====	=====
3	INVESTMENT INCOME	Designated £	Restricted £	General £	Total 2011 £	Total 2010 £
	Bank interest	-	-	5,771	5,771	3,954
	Dividends	14,131	-	-	14,131	10,634
		£14,131	£-	£5,771	£19,902	£14,588
		=====	=====	=====	=====	=====

4	ANALYSIS OF COSTS	Direct Costs £	Direct Salaries £	Support Costs £	Total 2011 £	Total 2010 £
	Qualifications and training	38,872	129,646	118,076	286,594	353,287
	Publications	(221)	12,115	13,365	25,259	35,340
	Revalidation, professional development and standards	35,037	48,063	39,889	122,989	113,843
	Administration of funds	-	4,257	3,877	8,134	8,396
	Conferences and events	242,831	23,185	22,670	288,686	174,738
	Membership	87,727	45,919	41,820	175,466	177,487
	Meeting costs	11,757	-	-	11,757	10,722
		<u>416,003</u>	<u>263,185</u>	<u>239,697</u>	<u>918,885</u>	<u>873,813</u>
	Governance costs	14,199	37,390	32,850	84,439	115,981
		<u>£430,202</u>	<u>£300,575</u>	<u>£272,547</u>	<u>£1,003,324</u>	<u>£989,794</u>

5	BREAKDOWN OF SUPPORT COSTS	2011 £	2010 £
	Staff	84,703	101,201
	Communication	18,149	18,759
	Printing, postage and stationery	5,689	7,300
	Premises	38,676	52,339
	Repairs and maintenance	7,332	-
	Advertising and recruitment	4,555	5,083
	Irrecoverable VAT	34,108	41,743
	Accountancy fees	3,191	788
	Depreciation	10,462	4,704
	Other direct costs	65,332	46,065
	Moving costs	350	18,586
		<u>£272,547</u>	<u>£296,568</u>

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

6	GOVERNANCE COSTS	2011 £	2010 £
	Staff	37,390	44,798
	Support costs	32,850	42,818
	Audit fees	6,141	7,260
	Consultancy	505	998
	Meetings	5,349	10,967
	Annual General Meeting	1,384	534
	Annual report	820	8,606
		<u>£84,439</u>	<u>£115,981</u>

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the period for their services (2010: nil)

27 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £6,368 (2010: 20 Trustees - £4,193).

8 STAFF COSTS	2011	2010
	£	£
Wages and salaries	310,272	336,921
Social security costs	33,120	35,763
Pension costs	21,869	20,845
	<u>£365,261</u>	<u>£393,529</u>
	=====	=====
The average number of full-time equivalent employees during the period was:	9	10
	=====	=====

One member of staff was remunerated in the £60,001 to £70,000 range (2010 – one). The associated pension costs of this individual were £7,000 (2010 - £7,000).

9 TANGIBLE FIXED ASSETS	Fixtures and fittings	Office equipment	Total
	£	£	£
Cost			
At 1 January 2011	54,711	46,056	100,767
Additions	912	-	912
	<u>55,623</u>	<u>46,056</u>	<u>101,679</u>
At 31 December 2011			
Depreciation			
At 1 January 2011	(16,779)	(43,897)	(60,676)
Charge for the year	(8,304)	(2,159)	(10,463)
	<u>(25,083)</u>	<u>(46,056)</u>	<u>(71,139)</u>
At 31 December 2011			
Net Book Value			
At 31 December 2011	£30,540	£-	£30,540
	=====	=====	=====
At 31 December 2010	£37,931	£2,161	£40,092
	=====	=====	=====

10	INVESTMENTS		2011	2010
			£	£
	Quoted investments			
	At 1 January 2011		235,872	412,717
	Additions		14,131	10,634
	Transfers in/(out)		246,500	(200,000)
	Unrealised gain/(loss)		(9,273)	12,521
			<u>£487,230</u>	<u>£235,872</u>
			=====	=====
	Historical cost		£424,387	£174,386
			=====	=====
	No of units		101,160	45,765
	Valuation		485.10p	515.40p
	Investments consist of units in Schroders Charity Equity Fund.			
11	STOCK		2011	2010
			£	£
	Stock comprises:			
	Publications for resale		£1,464	£2,928
			=====	=====
12	DEBTORS		2011	2010
			£	£
	Accrued income		9,610	11,853
	Other debtors		9,189	8,651
	Prepayments		28,178	8,579
			<u>£46,977</u>	<u>£29,083</u>
			=====	=====
13	CREDITORS: amounts falling due within one year		2011	2010
			£	£
	Trade creditors		20,676	103,872
	Accruals		55,592	75,522
	Deferred income - examination fees received in advance		23,784	326
	- subscriptions in advance		115,772	100,448
	Tax and social security		8,829	9,830
	Pension liability		629	3,603
	VAT		12,791	675
			<u>£238,073</u>	<u>£294,276</u>
			=====	=====
14	DEFERRED INCOME	Examination		
		fees	Subscriptions	Total
		£	£	£
	Balance at 1 January 2011	326	100,448	100,774
	Amounts released to incoming resources	(326)	(100,448)	(100,774)
	Amount deferred in the year	23,784	115,772	139,556
		<u>£23,784</u>	<u>£115,772</u>	<u>£139,556</u>
	Balance at 31 December 2011	=====	=====	=====

15 FUNDS	As at 1 January 2011 £	Incoming Resources £	(Loss) on investments £	Outgoing Resources £	Transfers In/(out) £	As at 31 December 2011 £
a) Restricted funds						
Good Practice Guidelines Funds						
Esso Publications Fund	14,344	-		522	(500)	13,322
Rolls Royce Guidelines Fund	6,523	-		-	-	6,523
UNUM Fund	3,237	-		-	(3,237)	-
Academic Activities Funds						
Corporate Health (Mobbs) Fund	58,924	-		3,775	(600)	54,549
Donald Hunter Lecture Fund	11,069	-		-	-	11,069
Ernestine Henry Lecture Fund	3,087	-		-	-	3,087
Esso Research Fellowship Fund	563	-		-	-	563
Shell Fellowship Fund	944	-		-	(944)	-
Wilf Howe Fund	3,812	1,000		555	-	4,257
William Taylor Memorial Fund	3,000	-		190	-	2,810
Other Funds						
Academy of Medical Royal Colleges						
Environmental medicine Revalidation work	2,621	-		-	(1,195)	1,426
CPD online	2,687	-		263	(1,213)	1,211
e-Portfolio	37,570	-		-	(5,200)	32,370
Pilot	78,275	(37,375)		3,594	(8,000)	29,306
Department of Health (e-LfH) e-learning	70,711	4,808		30,887	(11,200)	33,432
Diploma grant	44,747	-		-	-	44,747
Health for health practitioners	-	4,000		-	-	4,000
Professional Briefings grant	26,111	-		10,249	(5,000)	10,862
SEQOHS accreditation system	-	4,000		-	-	4,000
Training grant	86,024	119,000		189,219	(10,000)	5,805
	-	1,500		-	(1,500)	-
	<u>454,249</u>	<u>96,933</u>		<u>239,254</u>	<u>(48,589)</u>	<u>263,339</u>
b) Designated funds						
BUPA award fund	10,000		-	-	-	10,000
Capital fund	235,872	14,131	(9,273)	-	-	240,730
Accommodation fund	167,830	-	-	-	-	167,830
Department of Health Development Grant	105,815		-	14,350	(8,000)	83,465
	<u>519,517</u>	<u>14,131</u>	<u>(9,273)</u>	<u>14,350</u>	<u>(8,000)</u>	<u>502,025</u>
c) General funds	<u>322,404</u>	<u>716,500</u>	<u>-</u>	<u>749,720</u>	<u>56,589</u>	<u>345,773</u>
Total funds	<u>£1,296,170</u>	<u>£827,564</u>	<u>£(9,273)</u>	<u>£1,003,324</u>	<u>£-</u>	<u>£1,111,137</u>

The transfers column shows where funds have been drawn down for Faculty management costs of the particular project

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

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

UNUM Fund provides resources to fund the production of advice on rehabilitation; this fund has now been spent.

Corporate Health (Mobbs) Fund provides travelling fellowships.

Donald Hunter Lecture provides funds for the costs incurred in connection with a biennial lecture given in his memory. Ernestine Henry Lecture endows a lecture in memory of Mrs Ernestine Henry to be delivered at least once every three years.

Esso Research Fellowship Fund comprises a number of annual donations, received up to 2001, which have been pooled and funded one project in 2010.

Shell Fellowship provides for the implementation of training facilities; this fund has now been spent.

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

William Taylor Memorial Fund provides for an examination prize.

Academy of Medical Royal Colleges:

Environmental medicine funding is to explore how Colleges and Faculties can do more to promote good practice in this area.

Revalidation work funding is to develop an online CPD system, an e-portfolio and to pilot revalidation.

Department of Health:

e-LfH provided funding for the development of learning modules on health and work for general practitioners.

Diploma grant provides funding to develop a new diploma.

Health for health practitioners funds training days for professionals working in the NHS.

Professional briefings grant provides funding to run professional briefing workshops.

SEQOHS accreditation system funds the development of the scheme to accredit occupational health services.

Training Grant provides funding towards the Faculty's costs in supporting specialist training in occupational medicine.

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

The Capital Fund was designated in 2000 to ensure the future of the Faculty and this amount is held within an investment portfolio.

Accommodation represents part of the original Capital Fund designated for accommodation.

Department of Health (DH) Development Grant was awarded by DH to support curriculum development and specialty promotion.

16 ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

	Unrestricted		Restricted	Total
	Designated	General		
	£	£	£	£
Tangible fixed assets	-	30,540	-	30,540
Investments	487,230	-	-	487,230
Net current assets	14,795	315,233	263,339	593,367
	<u>£502,025</u>	<u>£345,773</u>	<u>£263,339</u>	<u>£1,111,137</u>
	=====	=====	=====	=====

17 OPERATING LEASE COMMITMENTS

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

	2011	2010
	£	£
Leases which:		
Expire between 2 and 5 years (land and buildings)	36,783	27,587
Expire within one year (office equipment)	-	2,645
Expire between 2 and 5 years (office equipment)	1,971	1,537
	<u>£38,754</u>	<u>£31,769</u>
	=====	=====

18 CONNECTED CHARITY

The Faculty of Occupational Medicine is an independent registered charity responsible for its own administration and financial management. It enjoys close working ties with the Royal College of Physicians, its parent College.

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Registered in England No 07461063
VAT Registration No 798 6604 62