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Faculty of Occupational Medicine
of the Royal College of Physicians



Annual Report and Accounts

2012

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

CHARITABLE OBJECTS, VISION, MISSION AND VALUES

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

Our vision

Healthy working lives *for all*

achieved 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

Our mission

Driving improvement in the health of the working age population through outstanding occupational health capability

Our values

Collaborative, Authoritative, Relevant, Ethical

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2012

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Whilst this is a review of the year January - December 2012, there will be occasional reference to activities in early 2013, where appropriate

EXECUTIVE SUMMARY

One of the potentially most significant decisions taken by the Board during 2012 has been the agreement to work with the Society of Occupational Medicine to explore the potential for creating, together, a single organisation. The vision is for a unified body with one clear and influential voice for occupational medicine, which can make a stronger and more positive impact on the health of workers in the UK, serve members more effectively and be in a better position to address some of the current issues facing occupational medicine and health.

Work to promote occupational health and medicine, and the Faculty, has included discussion with Government on the Sickness Absence Review, and in particular the shape of the forthcoming Independent Assessment Service. The Faculty has also sought to raise awareness about, and to address, the need to maintain and build the occupational medicine workforce. One aspect of this is the need to stem the decline in new recruits entering training and a number of steps are being taken, with medical students, and other potential areas of recruitment, to attract new entrants.

The General Medical Council (GMC) review into standards of specialty training in occupational medicine continued through 2012 and reassuringly the outcome was that there were no concerns relating to patient safety, no important shortfalls in educational supervision, no areas of non-compliance with GMC training standards, and several areas of good practice. A number of recommendations were made, directed mostly at deaneries, and for the Faculty, the inspection served as a catalyst for a root and branch review of training. One important outcome has been the decision to move towards the establishment of a new national body for training and work is progressing on this.

A major piece of work over the last twelve months has been to finalise systems for revalidation. The Faculty is a designated body under the terms of the Medical Profession (Responsible Officer) Regulations 2010 and so has had to develop the necessary processes and appoint a responsible officer. By the end of the year the structures were all in place, ready for the operational phase of revalidation which became a reality in 2013. As part of this, the Faculty is commissioning the Society of Occupational Medicine to provide appraisals, since it already runs a quality assured appraisal scheme.

A new post of Director of Quality Improvement was established, with the aim of co-ordinating the Faculty's work in this area, and in particular,

of overseeing the two projects run in partnership with the Royal College of Physicians – SEQOHS (the accreditation system for occupational health services) and the Health and Work Development Unit. Both these schemes have flourished during the year, SEQOHS accrediting 70 occupational health services, and the Health and Work Development Unit's output including a staff health improvement project in the NHS and concise guidelines on occupational asthma and pregnancy at work.

2012 saw the publication of *Ethics guidance for occupational health practice* and a booklet on good practice in occupational medicine, aimed at primary care. The ethics guidance was launched at a very well attended conference in December and the publication has been well received. In September, the Faculty ran a conference jointly with the Faculty of Travel Medicine, on the responsibilities of employers and health professionals for workers abroad.

The Faculty continues to benefit from excellent and active support from its members and continues to focus on members' professional development needs and improving member services. In particular, there has been a review of the needs of Associates and affiliating Diplomates and more support for these categories of membership is to be instigated in 2013.

Whilst the Faculty's main income is derived from subscriptions, there is a constant effort to diversify income streams. This has been done with some success in recent years and the end of year outturn was satisfactory. However the Faculty is aware of the need to economise wherever possible, as well as to identify new sources of funds, with a view to ensuring the long term sustainability of the Faculty.

2012 has been a very active year with some major achievements, thanks to the small team of staff and the many members who generously give their time and expertise to the specialty and to the Faculty.

INTRODUCTION

The Faculty has been involved in many workstreams this year. Some deliver the essential support that keeps our specialty alive and others have an external focus, providing information and influencing developments in the UK work and health arena. The Registrar's report below highlights some of the Faculty's key activities during the year; I led the Faculty's work for most of this time but was not involved at the end of the year for personal reasons. I would like to thank all of you who contributed to the many and various areas of work of the Faculty.



Olivia Carlton
President

I am pleased to present the Faculty's report for 2012 which was another very active year.

One of the most significant aspects of our work to highlight is the very welcome progress we have made in working more closely with the Society of Occupational Medicine. We reported in last year's annual report that the Faculty had started considering, in partnership with the Society, how we might more broadly strengthen our leadership in occupational medicine and occupational health. I am delighted to say that great headway has been made on this front.

The most visible outcome of our closer working with the Society is that by the end of the year both the Faculty Board and the Society Council had decided they would like to explore the potential for creating, together, a single organisation. Both the Society and the Faculty Presidents would like to see this vision result in a unified body with one clear and influential voice for occupational medicine, which can make a stronger and more positive impact on the health of workers in the UK, serve our members more effectively and be in a better position to address some of the current issues, such as decreasing recruitment, which are causing us all concern. Of course, we shall be keeping members informed and taking every opportunity to seek their views and ideas, and ultimately, it will be our two memberships who will decide on if and how we move towards the creation of a single organisation.

Another major part of this work with the Society has been our combined work on revalidation and appraisal which, now that revalidation is going live, is proving to be a highly effective partnership, meaning that we can aim to offer doctors who are revalidating with the Faculty a seamless and supportive service. This work with the Society on appraisal has been just part of the much wider enterprise of developing the

complex systems necessary for us to carry out our duties as a designated body, which has entailed a great deal of preparation as well as discussion and consultation with the General Medical Council (GMC) and the NHS Revalidation Support Team. The Faculty is indebted to those key individuals who have steered us through this demanding journey and we look forward to seeing all our plans become operational in 2013.

The Government's legislation to change the structures for the delivery of health care in England has continued to dominate the thinking of health professionals across the country. We see one of the useful interventions that the Faculty can make is to aim for the new Health and Wellbeing Boards and the Clinical Commissioning Groups to take proper account of the health of the working populations in their areas and the potential for occupational health input to assist their work. Directors of Public Health will be playing an important part in the new structures. Accordingly, we are talking to colleagues in public health about how to facilitate closer working between occupational health and public health, as the new systems roll out in 2013.

We continue to be concerned about declining numbers of recruits into the specialty. However, we have been proactive in working out ways to address this. In addition to our ongoing work with medical schools and with other potential groups of recruits, we have been considering whether a structural change to postgraduate training could be part of the answer. After much discussion, we are now actively considering the establishment of a single national school for occupational medicine, which could help to strengthen the quality and consistency of training across the country and which would provide a useful focus, and help to raise the profile of the specialty in the eyes of likely recruits. The GMC, which has been conducting a review of specialty training in

occupational medicine, is supportive of this move and we are hopeful that this could become a reality. Our thanks are due particularly to Professor Liz Hughes, the national Lead Dean for occupational medicine, for her advice on this potential and important change.

We continue to work closely with the Irish Faculty and will be supporting them in their planning for the 2018 triennial ICOH conference in Dublin.

Another important part of our work this year has been our participation in the multidisciplinary Council for Work and Health, which has established itself as a force to be reckoned with in the occupational health community in a short space of time.

There are many thank yous I could be saying as so many people have contributed so much during the year. But I must mention the Ethics Committee, whose members have produced a superb new

publication, launched in December, 'Ethics guidance for occupational health practice'. This builds on our previous ethics guidance and will I know become a mainstay of occupational health practice.

Finally, to turn to the many other people who 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 2012 report interesting.

Raymond Johnston
Registrar and Deputy President

BOARD OF TRUSTEES, OFFICERS, AND OTHER KEY APPOINTMENTS

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 2012:

Dr Olivia Carlton	President
Professor Raymond Agius	Universally elected member
Professor Sherwood Burge	RCP Representative
Dr Rae-Wen Chang	Elected representative of Specialist/Specialty Registrars (from 21 August 2012)
Dr Brendan Dooris	Co-opted member (affiliating Diplomate) (from 23 May 2012)
Dr Jim Ford	Universally elected member (from 23 May 2012)
Dr Hazem Gallagher-Alagha	Elected representative of Specialist/Specialty Registrars (to 5 August 2012)
Dr Imran Ghafur	Universally elected member (from 23 May 2012)
Professor David Gradwell	Co-opted member (aviation medicine) (from 22 August 2012)
Dr Marjorie Greasley	Universally elected member (to 23 May 2012)
Dr Mark Groom	Co-opted member (Treasurer) (from 23 May 2012)
Mrs Barbara Harrison	Lay representative nominated by CBI
Dr Mark Hilditch	Elected representative of Scotland (from 23 May 2012)
Dr Ray Johnston	Co-opted member (Registrar & Deputy President)
Dr Ioana Kennedy	Universally elected member
Dr Philip McIlroy	Universally elected member (to 23 May 2012)
Dr Graeme Nicholson	Elected representative of Regional Specialty Advisers
Ms Sarah Page	Lay representative nominated by TUC
Professor Keith Palmer	Co-opted member (Academic Dean & Deputy President)
Dr Steve Ryder	Elected representative of Scotland (to 23 May 2012)
Dr Simon Sheard	Co-opted member (Treasurer) (to 23 May 2012)
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
Members of the Board who are not Trustees or directors:	
Dr Brendan Dooris	Co-opted member (affiliating Diplomate with observer status) (to 23 May 2012)

Officers

Except where indicated, the following held office throughout 2012:

Dr Ray Johnston	Registrar (Deputy President)
Professor Keith Palmer	Academic Dean (Deputy President)
Dr Simon Sheard/Dr Mark Groom	Treasurer (to/from 23 May 2012)
Dr Ian Aston	Director of Training
Dr Dil Sen/Gp Capt David McLoughlin	Director of Assessment (to/from 4 October 2012)
Dr Simon Sheard	Director of Quality Improvement (from 11 July 2012)
Col Rob Thornton	Director of Professional Development (and Interim Responsible Officer for revalidation) (to 7 September 2012)
Ms Nicky Coates	Chief Executive

Other key appointments

Dr Jayne Moore	Deputy Director of Training
Dr David Brown/Dr Nick Cooper	Deputy Director of Assessment (to/from 1 November 2012)
Dr Dipti Patel	Deputy Director of Professional Development
Dr Tokeer Hussain/Dr Alan Bray	Chief Examiner Part 2 MFOM (to/from 1 July 2012)
Dr Alan Bray/Dr Shaun Austin	Deputy Chief Examiner Part 2 MFOM (to/from 1 August 2012)
Dr Steve Boorman	Chief Examiner DOccMed
Dr Lucy Wright	Deputy Chief Examiner DOccMed
Dr Sylvia Awbery	Chief Examiner DDAM
Gp Capt David Gradwell/Wg Cdr Matthew Lewis	Chief Examiner DAvMed (to/from 1 November 2012)
Dr Sally Evans	Deputy Chief Examiner DAvMed
Dr Katherine Venables	Chief Examiner Research Methods
Dr Richard Preece	Deputy Chief Examiner Research Methods
Dr Lucia Batty	Chief Examiner Workplace-Based Assessments (WBA)
Dr Steve Nimmo	Chief Examiner Hand Arm Vibration Syndrome (HAVS) (from 13 April 2012)
Dr David Flower	Responsible Officer for revalidation (from 21 September 2012)
SEQOHS (Safe Effective Quality Occupational Health Service)	
Dr Sally Coomber	Clinical Lead
HWDU (Health and Work Development Unit)	
Dr Sian Williams	Clinical Director



The Faculty Board after the Annual General Meeting, 23 May 2012:

From left to right:

Back row: Imran Ghafur, Martin Tohill, Mark Groom, Sir Richard Thompson, Jim Ford, Graeme Nicholson

Front row: Ray Johnston, Keith Palmer, Julia Smedley, Olivia Carlton, Ioana Kennedy, Barbara Harrison, Hazem Gallagher-Alagha

Board members not present:

Raymond Agius, Sherwood Burge, Brendan Dooris, Mark Hilditch, Sarah Page, Mike Tidley, Peter Verow

PRINCIPAL ADVISERS

Bankers:

Lloyds TSB Bank plc
Langham Place Branch
PO Box 1000
BX1 1LT

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 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 7-8. Particulars of the Faculty's professional advisers are given above.

The Faculty Board presents its annual report for the year ended 31 December 2012 under the Charities Act 2011 and the Charities Accounts (Scotland) Regulations 2006, together with the audited accounts for the year, and confirms that these comply with current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005. 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 and last amended in May 2012.

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 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 incorporated 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.

Apart from the President (which is an elected role), all Officer vacancies 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 risks identified arise mostly from the decrease in recruitment which has a consequential impact on the sustainability of the specialty. Work is being undertaken to address this risk through initiatives with medical students and general practitioners, and

through the plans for a new national training body. More information can be found in the Introduction and in the sections on promotion and on education and training.

The key controls used by the charity include, more generally:

- agreed mitigation steps
- 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.



One of the interactive sessions during the launch conference for *Ethics guidance for occupational health practice* on 12 December 2012

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 2012, together with impact reports are set out under the following five headings: promotion of occupational health and medicine, and the Faculty; education and training; professional development and standards; membership services; and governance, resources and operational management. Objectives for 2013 are set out on pages 27-28.

PROMOTION OF OCCUPATIONAL HEALTH AND MEDICINE, AND THE FACULTY

In 2012, the Faculty has become 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.

The work with Government has focused particularly on follow-up to the Sickness Absence Review by Dame Carol Black and David Frost. The Presidents of the Faculty and the Society of Occupational Medicine have together met with Ministers and Government officials to discuss the review and the Government's response to it. The two organisations are particularly keen to help shape the proposed new Independent Assessment Service and discussions continue on this.

The Board has given high priority to continued focus on workforce analysis, highlighting the fact that occupational medicine is regarded officially as a shortage specialty, and ran a workshop in October, together with the Society of Occupational Medicine (SOM) and NHS Plus, to consider future workforce needs across the whole of occupational health; this work is now ongoing under the aegis of the Council for Work and Health. The Faculty has also redoubled efforts to attract new trainees, targeting medical students and medical schools through careers fairs and other means, doctors with a part-time interest in occupational medicine and general practitioners (GPs). A letter was sent from the President and Dame Carol Black to all medical schools to encourage uptake of occupational health and medicine education and the curriculum designed for medical students; the letter was followed up by the network of occupational physicians across the UK, who have volunteered to liaise with their local medical schools. Another recent development has been the extension of Mobbs Corporate Fellowships to medical undergraduates and the introduction of new awards funded by ExxonMobil for undergraduate electives. The Faculty wishes to thank both Corporate Health and ExxonMobil for this valuable support.

The programme of work with GPs has continued with some new developments. This initiative has included the creation of a bank of learning modules for GPs, developed in association with the Royal College of General Practitioners (RCGP) and the SOM, and the continued support for the Healthy Working UK website (www.healthyworkinguk.co.uk) which is aimed at primary health care workers. Early in the year, the Faculty commissioned, in association with Pulse magazine, a series of eight articles on occupational medicine, targeted at GPs. These articles, which were accompanied by online learning modules, were then published in booklet form for GPs and others interested in occupational medicine; the Faculty is grateful for Pulse's support in this.

In partnership with the Faculty of Travel Medicine, the Faculty held an innovative conference in September at the School of Oriental and African studies in London. 'Should they stay or should they go?' considered the duties of employers and health professionals for workers abroad and topics included health issues in air travel, preventing and treating malaria, supporting people with disabilities abroad, repatriating ill and injured workers, the deployment of staff in remote and challenging environments and addressing the problem of workers returning home with tropical diseases.

The year concluded with a Faculty conference to launch *Ethics guidance for occupational health practice*. This new guidance builds on the six editions of *Guidance on ethics for occupational physicians* but extends its remit to a wider occupational health audience. This ethics guidance has become of central importance to occupational medicine and health practice over the years and the new publication was eagerly awaited. The launch conference was the best attended Faculty event in recent years and the publication was well received by both practitioners and reviewers.

Opposite

The Faculty Ethics Committee at the launch of *Ethics guidance for occupational health practice* on 12 December 2012

From left to right

Back row: Louise Holden, Simon Sheard, Roger Rawbone, Berend Rah, Sarah Cave, John Challenor, Peter Graham, Sue Hunt and Sarah Page

Front row: Frances Quinn, Lizzie Wood, Paul Litchfield, Naomi Brecker and Diana Kloss

Members of the Ethics Committee not present:

Graham Bell and Bob Jefferson

Objectives and achievements for 2012: Promotion of occupational health and medicine, and the Faculty, in liaison with other organisations where appropriate, targeting in particular:

Government	<ul style="list-style-type: none"> • Three meetings with the Department of Health and Society of Occupational Medicine (SOM) were held to discuss policy • Together with SOM, a formal meeting was held with Lord Freud, Minister for Welfare Reform, to make proposals about the Independent Advisory Service, with follow-up • A workshop was held in October with NHS Plus and SOM to discuss workforce planning
Potential recruits to the specialty	<ul style="list-style-type: none"> • The network of occupational physicians who support occupational health/medicine awareness in medical schools was strengthened • The newly created student elective awards were promoted to medical schools and the first award made • A joint letter from the President and Dame Carol Black was sent to all medical schools to encourage occupational medicine uptake; the letter is being followed up by the network of occupational physician leads • Five careers fairs were attended (Royal College of Physicians' Medical Careers Day; Leeds University, St George's and West Midlands Careers Fairs; and London Deanery Careers Conference)
General Practitioners	<ul style="list-style-type: none"> • A series of eight articles was commissioned for Pulse (GP) magazine; these are available on the Faculty website and as a printed booklet for GPs for promotion including at the Royal College of General Practitioners (RCGP) annual conference • The Faculty exhibited again at the RCGP annual conference in October to promote occupational medicine as a career and also the DOccMed qualification • The editorial board continues to develop the Healthy Working UK website
Other medical specialties	<ul style="list-style-type: none"> • A review was undertaken of the content of a new website on occupational health for secondary care specialists
Society of Occupational Medicine	<ul style="list-style-type: none"> • Discussions with SOM have been held to ensure closer working



EDUCATION AND TRAINING

Review of specialty training

In 2011 the General Medical Council (GMC) commenced a review into standards of specialty training in occupational medicine and the role of deaneries, local educational providers (LEPs) and other stakeholders, including the Faculty, in quality assurance and control. This initiative continued through 2012 and its findings were made available to the Faculty in November. Evidence was taken from many stakeholders, including trainees, trainers, deaneries, Regional Specialty Advisors, Specialty Training Committees, Training Programme Directors, newly qualified specialists and employers. Visits were made to deaneries in the Midlands and the West of Scotland.

Reassuringly, the review found no concerns relating to patient safety, no important shortfalls in educational supervision, no areas of non-compliance with GMC training standards, and several areas of good practice, including one that was especially commended (the initiative by West Midlands deanery to embed occupational medicine experience in its F2 (Foundation Year 2) training programme). The deaneries visited were described as “exemplars” in terms of their support for, and quality management of, training. This follows an earlier GMC review across the armed services, which concluded that training in occupational medicine was notably strong.

The latest review also threw up some recommendations for change, mostly directed at deaneries, but with responsibilities shared with the Faculty. The GMC recognised the challenge of stabilising the specialty’s recruitment base and continuing to attract well-qualified applicants in sufficient numbers; it questioned whether national recruitment to the specialty would provide a fairer, as well as a more visible, basis of selection; it encouraged a push for extra support regarding the dissertation for Membership of the Faculty (MFOM); it identified several aspects of quality control and data management that might be made to work better; and, confused by the many ‘hats’ members wear in support of training, the visiting team called for greater clarity of roles.

Structural reform

For the Faculty the inspection served as a catalyst for a root and branch review. Various weaknesses that have long concerned us – the need to improve the specialty’s visibility to trainees and tackle a current major shortfall in recruitment, the chronic shortage of manpower to meet the ever-growing demands of training, the want of economies of scale, forcing hard-pressed members to multiply functions, and the

challenges of maintaining good links with deaneries, and of securing funding to support the dissertation and preserve highly valued industrial training posts – all appeared to call out for structural reform.

When juxtaposed with quality management issues in training, these concerns led to a radical new proposal: the present fragmented provision for training should be replaced by a new national body with centralised control of training contracts that would assume overall responsibility for specialty training – a new national School of Occupational Medicine relating to a national lead Local Education Training Board (LETB).

This plan offers substantial potential for improvement. Such a configuration could, for example, assist in harmonising, advertising, and policing standards across different LEPs; facilitate development of more cost-effective policies for quality improvement; underpin a uniform recruitment policy; offer better support for LEPs which train infrequently; provide greater critical mass and specialised knowledge of training; increase the specialty’s profile, acting as a proactive focus of recruitment; improve two-way communications between deaneries, the Faculty and the regulator; and offer more scope to create part-time training opportunities, to support trainees in difficulty, and to develop rotational attachments. Potentially, also, it would be more sparing of manpower, reducing the number of ‘hats’ that members wear, and economies of scale could leverage additional funding to support industrial attachments and block contracts with academic institutions, maximising support for the dissertation.

It happens, also, that such a plan would meet (and exceed) the needs of the GMC’s visiting team. The Board adopted the objective, which has since become formalised as the cornerstone of a GMC-approved “improvement action plan”.

Work towards a centralised training structure began in earnest and made considerable progress over the year. Professor John Harrison, head of the London School of Occupational Medicine, secured agreement to bid to establish a national school; while Professor Liz Hughes, the Lead Dean for Occupational Medicine, championed the proposal among a wide range of stakeholders, including the English Deans, the chair of the Conference of Postgraduate Medical Deans of the UK (COPMeD) and Welsh lead, the Director of NHS Education for Scotland (NES), the Postgraduate Dean for Northern Ireland and the Defence Dean. In the first wave, effort is being directed at establishing a working template for specialty trainees in the NHS and industry in England and Wales, although

complete integration is a hope for the longer-term.

Whilst there is much detail to be worked through, it is envisaged that the national school will be independent of, but relate closely to, the Faculty. The Faculty will continue its education role and sees the national school as being potentially beneficial to the specialty and the Faculty, in terms of consistency of standards and of profile raising, and therefore, potentially, recruitment.

Many issues still need to be resolved before this change can be enacted. Commissioning of medical education is in a state of flux, as deaneries become replaced by LETBs which themselves have still to be authorised. However, the Faculty expects that substantial progress will be made on this workstream by the time of the next annual report.

Indicators of training outcome

The GMC's review also stimulated the Faculty to explore outcomes of training in more detail. Reassuringly, an analysis confirmed that Annual Review of Competence Progression (ARCP) outcomes in 2009-11 varied little by sector of training or ethnicity. However, delays later in training are comparatively common, almost entirely stemming from late submission of the MFOM dissertation; these in turn can be traced back to delays in starting preparations - a surprising number of trainees submit theses after their due completion date for training. In 2012 the Chief Examiner for Research Methods instituted a series of briefings to stakeholders via the training newsletter on various aspects of dissertation preparation, while a timetable of expected milestones was shared with the Lead Dean, COPMeD, ARCP panels, trainees and supervisors.

Stock was also taken of the *National Training Survey*, which is conducted annually by the GMC and aimed at capturing the views of all 54,000 trainees nationally. In the last three surveys occupational medicine was rated better than other specialties in terms of experience, availability of educational resources, feedback, local teaching, access to study leave, opportunities to participate in research, and acceptable workload; over 90% of trainees had consultant supervision versus two-thirds in other disciplines, broad indicators that much is going well.

Recruitment

Comment has been made in previous reports on the decline in the number of specialty trainees. Recruitment stabilised in 2012, albeit at a level which is only half the long-run average. Against this backdrop the Faculty redoubled its efforts, through medical schools, career fairs and other written materials, to promote the specialty. More fundamentally, in

addition to laying plans for a new school, purposive contacts were had with the Centre for Workforce Intelligence (which monitors recruitment trends), Health Education England (HEE) (which funds training posts in England), and NHS Employers (a major employer of trainees). The first of these bodies continues to project an unlikely rise going forwards in NHS consultant numbers in occupational medicine and the Faculty has striven to correct this error. More helpfully, correspondence with HEE has confirmed that occupational medicine is a shortage specialty (on the UK Shortage Occupational List), and HEE has pledged a staff representative to work with the Faculty and Lead Dean during 2013 on recruitment and the specialty's profile.

Other matters in training and education

In 2012 the Faculty appointed its first Director of Quality Improvement (Dr Simon Sheard); instituted a new process of feedback from candidates taking Faculty examinations; and made sundry housekeeping changes to its MFOM and core examination regulations. The former initiative reflected a desire to harmonise quality improvement efforts across a broad canvas, while the latter was triggered by a new requirement limiting the number of attempts at examinations leading to a Certificate of Completion of Training (CCT) to a maximum of six. (For consistency, the Faculty made the same change across all its examinations.) Important strides were also taken with NES to develop an e-portfolio for trainees, with funds received from Rolls Royce and BUPA, and this work should bear fruit in 2013.

The Health for Health Professionals training programme, to raise awareness about the particular issues to be considered when health professionals are sick, continued under the leadership of Drs Debbie Cohen and Hamish Paterson. There are plans for further training in 2013, and this will include training for trainers, to ensure the work is widely cascaded.

The Academic Forum for Occupational Medicine and Health did not meet during 2012. There are ongoing discussions about its role and pattern of meetings for the future.

During the year Dr Dil Sen completed his full term of office as Director of Assessment. He is succeeded by Group Captain David McLoughlin. Also, several other key appointments changed hands. The Faculty wishes to thank the outgoing officers (Dil Sen, David Brown, Tok Hussain, David Gradwell, Richard Preece) for their immense support; it welcomes their successors (David McLoughlin, Nick Cooper, Alan Bray, Matt Lewis, Steve Nimmo, Shaun Austin), and extends its warm thanks to Faculty members too numerous to mention who have supported education, training, examining

and assessment during 2012. In this my last report as Academic Dean I would also wish personally to thank the past and present Directors of Training and Assessment, Chief Examiners, Presidents, members

of the Board, Executive and Specialist Advisory (Sub)committee, and staff of the Faculty for their professionalism, commitment and friendly invaluable support over the tenure of my office.

Objectives and achievements for 2012: 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	<ul style="list-style-type: none"> • The Faculty contributed to a major review of training by the GMC • The Faculty contributed to a formal audit of ARCPs (Annual Review of Competence Progression) • The availability of data on outcomes and ethnicity was progressed • An audit of workplace-based assessments was undertaken
Identify and seek to work towards systemic changes to specialty training which could enhance recruitment	<ul style="list-style-type: none"> • Strategic discussions were held with the Lead Dean and other key personnel on the creation of a single national body/lead LETB (Local Education and Training Board), with a view to developing more efficient management of specialty training and providing a focus to improve profile • Discussions were held with key personnel on creating a national school of occupational medicine and more attractive rotational programmes
Provide relevant continuing professional development (CPD) and training opportunities for practising occupational physicians	<ul style="list-style-type: none"> • Feedback on training needs from CPD returns was reviewed • The Annual Meeting was held in May and successful conferences on travel medicine and the launch of new ethics guidance held in September and December • A programme of professional briefing days was initiated, with excellent feedback from the first one in September • The Faculty co-badged a conference in Edinburgh with Health Protection Scotland on blood borne diseases in health workers
Provide and promote educational opportunities to general practitioners	<p>(See also Objectives for 2012 in the Promotion section on page 13)</p> <ul style="list-style-type: none"> • The articles commissioned for Pulse included online learning modules • The new Faculty website has a special educational section for GPs which is regularly updated and has reciprocal links with Healthy Working UK
Explore new potential educational projects	<ul style="list-style-type: none"> • Discussion are under way with various partner organisations, including the Royal College of Nursing, about education projects for the wider occupational health community which may lead to training and qualifications • Discussions on training and standards in hyperbaric medicine are continuing

PROFESSIONAL DEVELOPMENT AND STANDARDS

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

For the 2011 CPD year there were 542 CPD returns submitted by 31 March 2012 deadline. From the 542 CPD returns submitted, 323 had an appraiser's signature. Members or Fellows working in the UK submitted 448 CPD returns, representing 67% of the possible Members or Fellows working in the UK. The number of CPD returns received for 2011 is 568, of which 344 included an assessor's signature.

2001	257	2007	459
2002	292	2008	502
2003	340	2009	564
2004	368	2010	584
2005	416	2011	568
2006	435		

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, 114 members were invited to be audited, 108 of whom supplied evidence to support their CPD record. Overall CPD audit submissions were encouraging with the average of external CPD points exceeding the minimum recommended 25 external CPD points.

Revalidation

Faculty members will be revalidating through a number of different channels, depending on where they work. The Faculty is a designated body under the Medical Profession (Responsible Officer) Regulations 2010 for those members who work in independent practice, or outwith a designated body. Some 340-350 doctors are expected to revalidate through the Faculty between 2013 and 2016 and preparing for revalidation has been a priority throughout 2012.

The main effort during 2012 has been to develop the necessary processes and policies, ready for the operational phase to begin. Revalidation officially started on 3 December 2012 and the Faculty Responsible Officer (RO) will make his first revalidation recommendations to the General Medical Council (GMC) by May 2013.

The Faculty is in effect an 'arms-length' designated body, because it does not employ the doctors for whom it is responsible who work in a wide variety of settings, across the UK and beyond. It is quite different from those health care providers for whom the RO Regulations were primarily written. Throughout 2012 Faculty representatives met with

the GMC, the NHS Revalidation Support Team (RST) and NHS London to discuss how to interpret the RO Regulations in such a context. With their guidance and agreement, a proportionate, yet fully compliant, revalidation system has been developed.

During early 2012 multiple communications were sent to members to explain how they should identify their designated body and to invite them to come forward if they considered the Faculty to be their designated body. The Faculty will also contract to provide an RO service to other designated bodies in occupational medicine which choose not to appoint their own RO. In addition, the Board agreed to allow those doctors who spend the majority of their time practising in occupational medicine, but do not have a formal Faculty qualification, to apply to become 'revalidating subscribers' of the Faculty. This provides this group of doctors access to an RO, if they do not have a prescribed connection elsewhere.

Annual appraisal is the cornerstone of revalidation. The Faculty has joined forces with the Society of Occupational Medicine (SOM) for the provision of strengthened medical appraisal for revalidation. This means that doctors using the Faculty's RO will normally use the SOM's appraisal scheme. With a grant from the Academy of Medical Royal Colleges (AoMRC), a revalidation management system has been commissioned. This enables doctors and their appraisers to log their appraisal meeting on-line and also log and store their CPD and other supporting information for appraisal and revalidation in one secure repository throughout the year. The system is also designed to allow the RO to track each doctor's progress towards revalidation.

In August 2012 the Board formally appointed Dr David Flower into the substantive post of Faculty RO. David Flower underwent full RO Training, delivered by NHS London. He has since developed a number of policies on appraisal, responding to concerns, remediation and conflicts of interest.

During the autumn of 2012 work got under way to draft two types of agreement. One relates to each individual doctor and the other to designated bodies, accessing the Faculty's RO. The agreements outline the responsibilities of the doctor and designated body where appropriate; they also outline the responsibilities of the Faculty and its RO.

Doctors are required to undergo a colleague and patient feedback exercise at least once during the five year revalidation cycle. A particular gap was recognised for a colleague feedback tool, which is

specific to the specialty. In 2012 work was begun to develop both colleague and patient feedback tools appropriate for the specialty, which should be accessible in late 2013.

With this effort, a new Revalidation Governance Subcommittee will be constituted in 2013 to assist and support the RO.

Thanks are owed to Dr Rob Thornton, who demitted office as Director of Professional Development in 2012, for his hard work in laying many of the foundations for this substantial body of work.

This brings the planning phase for revalidation to an end. The Faculty is now looking forward to taking its responsibilities as a designated body through to the operational phase and embedding this important new workstream.

CPD Diary

An electronic diary for CPD has been developed and will be open to all members to use from 1 April 2013. The CPD diary will make recording and summarising CPD and reflection more straightforward and will remove the requirement to submit an annual paper summary. New CPD guidelines have been developed and these will be introduced at the same time.

In 2012, the CPD period was extended to run exceptionally from 1 January 2012 to 31 March, 2013. This was to bring the cycle into line with the appraisal cycle for revalidation. Moving forwards the CPD year will run from 1 April - 31 March each year.

Quality Improvement (QI)

The post of Director of Quality Improvement was established by the Faculty in 2012 and Dr Simon Sheard was appointed to this honorary role on the Executive Committee, which is a leadership and ambassadorial one with high external visibility, articulating and influencing the Faculty's work on quality improvement.

The first six months have been spent meeting key stakeholders (SOM, AoMRC, Health and Work Development (HWDU), Safe Effective Quality Occupational Health Service (SEQOHS), Management of Health at Work Knowledge (MoHaWK), Commercial Occupational Health Providers Association (COHPA), etc) to understand their issues and plans. To this end the Faculty's Director of Quality Improvement has been asked to join the MoHaWK Steering Group and has attended AoMRC QI Leads, HWDU and SEQOHS Executive meetings. A joint meeting is now planned to ensure all parties understand how their work packages fit into the wider QI programmes and to minimize the risk of duplicate activities. The

expectation is that this will then inform the QI model for the future.

The HWDU, led by Clinical Director, Dr Sian Williams, and managed by Penny Peel, is a partnership between the Royal College of Physicians (RCP) and the Faculty of Occupational Medicine based on a Memorandum of Understanding. The unit is a national centre of excellence for health, work and wellbeing quality improvement work with a remit 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.

The SEQOHS Accreditation Scheme, led by Clinical Lead, Dr Sally Coomber, and managed by Darran Cahill, is a workforce focused scheme based on the principle of independent assessment against recognised standards. The scheme was developed for all occupational health services and providers across the UK in the NHS and independent sector. SEQOHS is now available in Ireland and is endorsed by the Faculty of Occupational Medicine, Royal College of Physicians of Ireland. The RCP has established experience of accreditation and certification schemes, and the SEQOHS Accreditation Scheme is managed by the RCP, under the terms of a contract with the Faculty. MoHaWK is the clinical registry benchmarking tool for occupational health developed by Syngentis (a not for profit Health and Work Community Interest Company formed out of NHS Plus).

Health and Work Development Unit (HWDU)

During 2012 the HWDU completed seven major projects:

- **Staff health improvement project (SHIP) - Implementing NICE workplace guidance in NHS trusts in England:** This project built on the 2010 national audit of the implementation of NICE workplace guidance (obesity, physical activity, smoking cessation, mental wellbeing and sickness absence management). The HWDU interviewed 22 trusts to systematically identify barriers to implementing all 5 NICE guidance topics, and collected examples of how these had been overcome, and then held action planning workshops in 40 trusts to support them in overcoming their barriers to implementation. A detailed, practical report has been published.
- **Occupational asthma concise guideline: published in Clinical Medicine April 2012:** This concise guideline summarises a full guideline published in 2010 by the British Occupational Health Research Foundation. It aims to help reduce the severity of individual cases of

occupational asthma by promoting earlier, accurate identification and better management.

- Pregnancy and work concise guideline: published in Clinical Medicine February 2013:** The systematic review for this guideline looked at common work exposures (long working hours, lifting, heavy physical work, prolonged standing, shift work) and common adverse pregnancy outcomes (miscarriage, pre-term delivery, small for dates, pre-eclampsia). The main message in the recommendations is that most of these exposures result in a very small, if any, increased risk for most of the outcomes studied. The guideline includes simple, practical advice sheets for clinicians to use when discussing risk with their patient.
- National clinical audit of back pain management by occupational health clinicians in the NHS in England (round 2) – Report published:** 6% of occupational health services providing to the NHS in England participated in round two. Results showed improvements from first round, with screening and recording of red and yellow flags identified as areas for further improvement. An implementation workshop in Manchester in March 2013 will concentrate on how to identify and manage red and yellow flags.
- National audit of NHS OH record keeping (round 1) – report published:** The audit revealed wide variation in standards of record keeping,

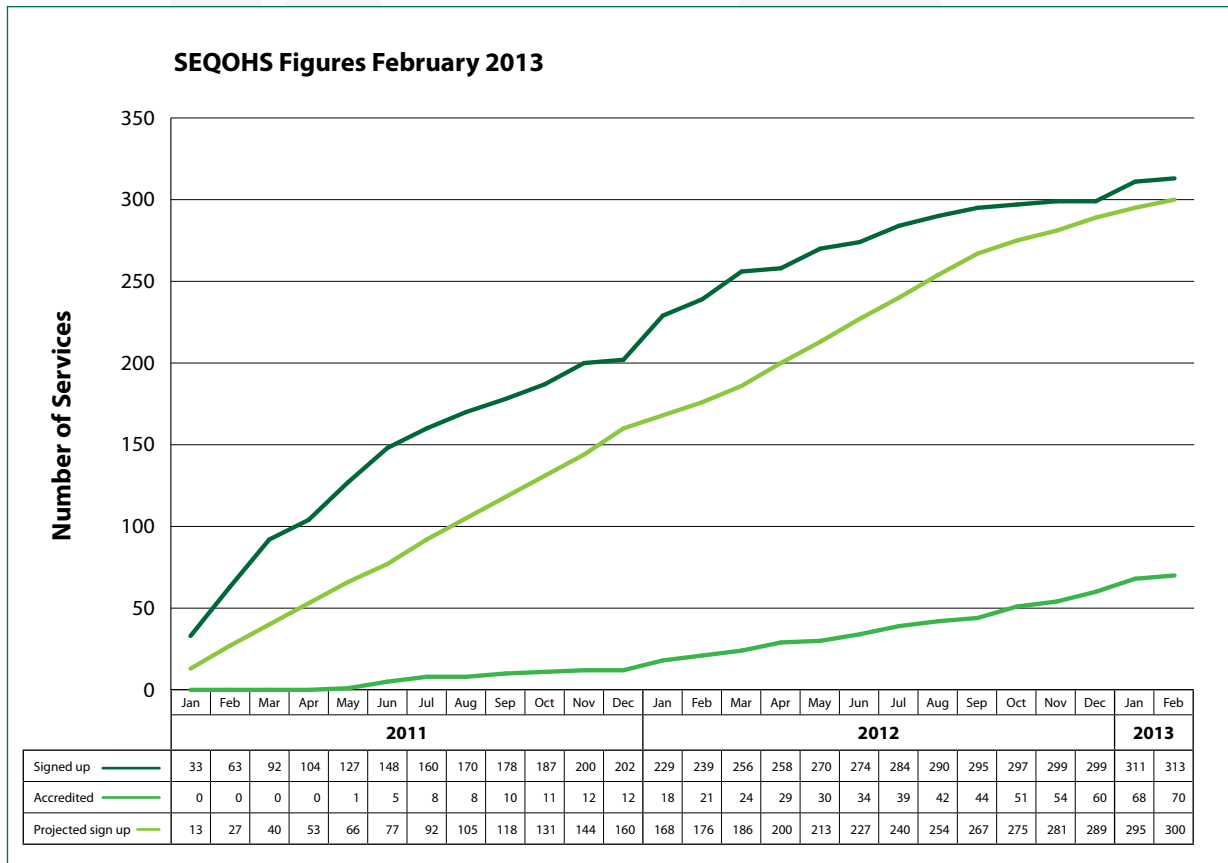
with electronic records usually achieving better compliance than paper records.

- National NHS OH patient experience survey (round 1) – report published:** Almost eight thousand patient questionnaires were analysed. NHS staff who attended occupational health departments rated their experience very highly and results were consistently better than those reported in the NHS national outpatient survey 2011.
- Development and delivery of a range of implementation conferences, events and tools.**

Throughout 2012 HWDU continued its work to raise the profile of quality improvement in occupational health practice and more broadly in workplace health and wellbeing. Funding has been secured for 2013 to run round two of the national audit of NICE workplace guidance, and the HWDU will be running two national clinical audits (management of long term sickness absence and record keeping) for occupational health clinicians working in all types of industry. Both audits will support doctors preparing for revalidation and occupational health services preparing for SEQOHS accreditation.

Occupational health service standards for accreditation (SEQOHS)

2012 was a very successful year for SEQOHS. There are now over four million UK workers with access to



occupational health from 70 services accredited since the launch of the scheme in December 2010. Of these accredited services, 60% are NHS services, and this success is partly as a result of a one year Department of Health-funded additional support project. Another 231 occupational health services in the UK and the Republic of Ireland are currently working towards accreditation. Typically it takes each service a year or more from sign-up to reach accreditation.

Occupational health services of all types and sizes have been accredited, from single handed practitioners to large national organizations. In-house, commercial, NHS and university services are all represented and SEQOHS is increasingly able to map the diversity of occupational health service provision in England, Scotland, Northern Ireland, Wales and the Republic of Ireland.

SEQOHS actively seeks feedback on the provision of its service, with its own commitment to continuous improvement. Assessments for accreditation are carried out by a team of 32 assessors who undertake work in pairs to assess online the evidence submitted by an occupational health service and then visit the premises to meet the staff, view any IT systems and see that the evidence is applied in practice. The number of services gaining accreditation at first visit has greatly increased, with a smaller number needing a short-term deferral before completing.

Running costs for SEQOHS are carefully monitored. The scheme is planned to yield a modest surplus which will vary from year to year and which will partly serve to offset the investment of Faculty time and resources, both past and ongoing, into the scheme.

Ethics Committee

The Committee met three times during 2012, devoting the majority of its time to preparation of the text of the seventh iteration of the Faculty's ethical guidance which was published as *Ethics guidance for occupational health practice*, to reflect its application to the wider health community. Dr Roger Rawbone joined the committee to assist with the section on occupational health research; and Dr Peter Graham rejoined the Committee to provide lay input. The Faculty is grateful to all members of the Ethics Committee for their work on this Faculty publication and especially to Dr Paul Litchfield as Committee chair, to those who authored chapters and to Dr Naomi Brecker who drew together and edited the contributions into a coherent document. The new guidance was published in December 2012 and launched at a very successful conference.

Objectives and achievements or 2012: Support for professional development and standards through:	
Progressing revalidation plans with a view to becoming operational in late 2012	<ul style="list-style-type: none"> Responsible officer systems have been developed, as set out below A panel of trained revalidation specialty advisers was established
Establishing a Responsible Officer (RO) service	<ul style="list-style-type: none"> Significant progress has been made including: multiple communications with members; development of policies and documentation – including a blueprint on implementation of the Medical Profession (Responsible Officer) Regulations 2010 for occupational medicine; policies on remediation, appraisal and investigation; contracts with individuals and with designated bodies seeking to use the Faculty RO; terms of reference for the proposed revalidation governance subcommittee; submission of required statutory reports to the General Medical Council (GMC) and NHS London; meetings with relevant bodies to take advice on implementation; answering enquiries from members and other doctors; meeting deadlines as required by GMC for eg submitting and verifying lists of revalidating doctors; finalising the new category of revalidating subscribers and all attendant processes; appointing to the substantive post of Responsible Officer
Developing an online CPD system	<ul style="list-style-type: none"> An online system is being developed and will be operational in 2013
Appointing a Director of Quality Improvement (QI)	<ul style="list-style-type: none"> A Director of QI was appointed in July 2012

MEMBERSHIP SERVICES

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. Whilst there is a small staff who manage and support the organisation, the members' knowledge and experience is 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 around 1500, 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, that is, those who assist on committees and in the key areas of examinations and training, can be found at Annex 2 to this report.

The Faculty is ever mindful of the need to support members with continuing professional development (CPD), training, information and guidance. As referred to above, its charitable objects, set out at the beginning of this document, are concerned with public benefit. The Faculty provides some services directly to the public, through parts of its website and by answering enquiries from the general public, but the main way in which it carries out its charitable objects is by supporting its members to help them to maintain and improve good practice.

Conferences are a key part of the CPD programme and these are covered in the section on promotion. In 2012 the Faculty initiated, with support from the Department of Health, a series of professional briefing days. These were intended to be modestly priced, one day or half day expert briefings for small interactive groups, on matters closely relevant to the current practice of occupational medicine. The first one, on the topic of employment tribunals, was oversubscribed and well received. For 2013, more are planned on the subjects of clinical audit, mental health and alcohol misuse.

Whilst the main focus of the Faculty's education and CPD has been on specialists, there is a great awareness of the important occupational health provision offered by Associates and affiliating Diplomates, and the need to ensure these groups are properly supported.

The Faculty has instigated a review of its services to Associates, and a key action to emerge has been a plan to provide information and support, to enable Associates to apply for entry to the General Medical Council (GMC) specialist register, through the 'CESR' (Certificate of Eligibility for Specialist Registration) route. As a precursor to this, there has been new training, involving the GMC, for the Faculty's CESR evaluators and in 2013 there will be a CESR coaching

day for Associates.

Work has also been done to improve support to affiliating Diplomates. Dr Brendan Dooris was the first affiliating Diplomate to be on the Board and he instigated a review of services for affiliates, the first step of which has been to review and improve the letters and documents which they receive.

As part of its promotion of good practice, the Faculty offers a number of prizes and awards. The Wilf Howe Memorial Prize prize was established in 2005 in memory of Dr Wilf Howe, a Fellow of the Faculty and former Board member, who was an occupational physician working primarily in the oil industry. He was passionate about considering employees' occupational health issues in the wider, holistic context. The prize, a cheque for £500 and an engraved memento, is to recognise an outstanding innovation, initiative or intervention which has delivered a demonstrable health benefit for a defined working population. The Faculty's thanks are due to Mrs Lyn Howe for her continued interest and support for the prize.

In 2012, the prize was awarded to Dr Michael Donoghue for his report, 'Diphoterine for alkali chemical splashes to the skin at alumina refineries'.

The Mobbs Corporate Health Fellowships are supported by Corporate Health Ltd in memory of Sir Nigel Mobbs. They offer an excellent opportunity for individuals to travel to a centre of excellence to study a particular aspect of occupational medicine or to travel to a scientific meeting for which they have had a paper or poster accepted, but which they would otherwise not be able to afford. The Faculty is grateful to Corporate Health for its continued support of these awards.

The award for 2012 went to Dr Virginia Paul-Ebhohimhen to support her internship to the World Health Organisation occupational health working group on the Interventions for Healthy Environments Unit.

Membership numbers

	2011	2012
Honorary Fellows	89	91
Fellows	296	292
Members	446	445
Associates	204	192
Specialist/Specialty Trainees	92	79
Affiliating Diplomates	353	363
Life members	80	85
Total	1,560	1547

Objectives and achievements for 2012: <i>Support for all members through membership services and focusing in particular on:</i>	
Support for Associates seeking Membership	<ul style="list-style-type: none"> • With a view to providing more support to Associates wishing to apply for entry to the Specialist Register through the CESR (Certificate of Eligibility for Specialist Registration), training has been provided for CESR assessors and a CESR coaching day is planned for Associates in 2013
Improved services for affiliating Diplomates	<ul style="list-style-type: none"> • A review of services has been commenced with the affiliating Diplomate Board representative and the first wave of changes to documentation agreed

GOVERNANCE, RESOURCES AND OPERATIONAL MANAGEMENT

Governance

The Faculty's Articles of Association were amended at the Annual General Meeting in May 2012, the main change being the creation of a place on the Board of trustees for an elected representative of affiliating Diplomates, with other smaller consequential changes. The first election will take place in early 2013 and Dr Brendan Dooris, who was co-opted to the Board to represent affiliating Diplomates will continue in this role until the Annual General Meeting in May 2013.

In 2012 the Department of Health approved Aviation and Space Medicine as a recognised specialty. On account of his involvement with the new specialty, Professor David Gradwell, an Honorary Fellow of the Faculty and former Chief Examiner for the Faculty's Diploma in Aviation Medicine, was co-opted to the Board for two years to ensure close liaison between the Faculty and the new specialty in its early days of development.

The main change to the Faculty's committee structure during 2012 was the establishment of a Revalidation Governance Subcommittee. Its purpose will be to provide oversight on behalf of the Executive Committee in relation to the Faculty's role in revalidation. It will also have a role to support the Faculty Responsible Officer (RO) in his specific obligations, under the Medical Profession (Responsible Officer) Regulations 2010, towards members who have a prescribed connection to the Faculty.

Resources

The Faculty ended 2012 with a satisfactory surplus

and has budgeted for a modest surplus for 2013. There is continued careful management of resources, with every effort made to economise where possible. A number of potential new income streams are being explored and grants are sought and applied for where appropriate.

The Faculty has been successful in building up a reasonable reserve, a substantial part of which is earmarked for future accommodation needs.

However, there are some uncertainties and concerns, which are referred to in the Treasurer's report and a key reason for this is the declining number of trainees. It will be seen from other sections of this document that strenuous efforts are being made to boost recruitment, as well as to diversify and extend the Faculty's reach beyond the immediate specialty of occupational medicine. It is hoped that this will not only help to increase awareness of occupational medicine and health but also assist in strengthening the organisation's longer term viability.

Website

The Faculty launched a new website in March 2012. The overall aim 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 - and the facility for members to be able to have individual logins, as well as the means for online sales. The Faculty was also keen, as part of this development, to make the site more useful to the public, employees and employers and the new 'Health at work' section is geared to doing this.

Objectives and achievements for 2012: Maintenance of high standards of governance, and resource and operational management, including:

Succession planning for officer and other key honorary posts	<ul style="list-style-type: none"> Advance warning of Officer vacancies in 2013 was given to members to encourage applications
Reviewing investments regularly	<ul style="list-style-type: none"> The new Treasurer considered this and has discussed with the Board how best to use these for the Faculty's longer term viability when the current office lease terminates in 2015
Seeking new marketing opportunities.	<ul style="list-style-type: none"> The DOccMed and membership were marketed through the Pulse articles The ethics publication and conference were advertised through HR channels
Regular reporting to the Executive Committee to ensure compliance and optimum efficiency	<ul style="list-style-type: none"> Full and regular reports were submitted to the Executive Committee which met eight times during the year

FINANCE REVIEW

The technical information in this review of 2012 is extracted from the full Financial Statements audited by Kingston Smith.

The Trustees are pleased to report that the Faculty has ended the year much as hoped, achieving an operational surplus and an increase in the general funds in line with inflation. The budget position at year end, agreed by the Trustees for 2012, has been achieved despite continuing challenging conditions both generally within the UK economy and also specifically for the Faculty. This is much to the credit of the finance team, who have steered the Faculty through increasingly choppy seas.

The past few years have been particularly challenging for the Faculty, with its first overall loss at year end in 2009, a move to the new offices in 2010 and a move to reliance on subscriptions, examination fees and conference attendance to provide the cash needed to keep the Faculty's core charitable business afloat. The likelihood of central grants or allowances to assist the Faculty in its endeavours remains very low, although it has received some important grants from the Academy of Medical Royal Colleges (AoMRC) to help with work around revalidation. Particular financial risks during 2012 included the loss of the Diploma in Disability Assessment Medicine examination, a continued reduction in trainee numbers (now below 80 for the first time) and a lower than expected income stream from SEQOHS. Whilst the Faculty has received some income from its joint venture with the Royal College of Physicians and SEQOHS remains the gold standard against which occupational health providers are assessed, the future of the project in terms of sustainable income for the Faculty is unknown. There remains considerable scope for SEQOHS to be an important aspect of the Faculty's finances for many years but how this might materialise remains to be seen.

The Faculty has grasped the nettle of revalidation with vigour and made important advances in its provision of services for members. The Faculty has its own Responsible Officer (RO) and has commissioned work for the information support system that will underpin both revalidation and continuous professional development (CPD), with a portable CPD diary. The Faculty is at the forefront of work in this area, which will be of benefit to the whole membership. A considerable investment has been made developing the processes, which will also have operational costs. Already more than 360 members are using the services of the Faculty's RO. Conference income was good during 2012 with all three meetings providing a surplus, which goes to helping the Faculty continue

with its everyday work. Lastly it was agreed by the Trustees that, for a fee, the Faculty should advertise occupational physician vacancies on its website, a source of potential income hitherto untapped.

Close control of expenditure has been necessary throughout 2012 and it is this prudence that has allowed an operating surplus of £43k to be realised. The accounts record an overall surplus of £105k; this includes an unrealised gain of £92k on investments and a reduction in restricted funds of £31k, due to planned spending on projects.

Reserves

The Faculty's reserves policy, set by the Trustees, remains that 50% of planned annual expenditure should be held in reserve.

General funds stand at £372,724, a figure that represents 42% of planned expenditure for 2013. Again, therefore we have not achieved the policy figure but the Faculty also has significant amounts within designated funds, the majority of which is set aside for future accommodation requirements (see below). Whilst our reserves might look comfortable, the overall situation is not one for complacency. The Trustees are keen that sustainability is at the forefront of the Faculty's financial policy and this is one area that the Treasurer is particularly keen to monitor. Further building up of reserves is therefore necessary if the Faculty is to enjoy an assured future.

Accommodation

The move of the Faculty's offices from St Andrew's Place has had significant consequences on its finances. Although we were able to secure a 5-year lease on the present office space, this came at the cost of having to shoulder market rents, which are only now being felt in full following two years of discount. Central London rentals continue to rise and within the next two years the Faculty needs to negotiate an affordable rent in its present location or consider other options. The Treasurer is keen to explore the possibility of securing either a long lease or freehold to underpin the Faculty's sustainability plans. The current offices have certainly been an improvement in terms of usability and flexibility and it is encouraging to see the meeting rooms used to the benefit of the membership.

Sponsorship and grants

2012 remained as difficult as the preceding year in terms of sponsorship. Sponsorship was received from Crucell and Sigma-tau in support of the travel medicine conference in the autumn and grants were received from the AoMRC for revalidation specialty

advisor training and from ExxonMobil for the creation of an elective fellowship scheme. The Faculty is very grateful to the individuals and organizations who continue to support it.

Investments

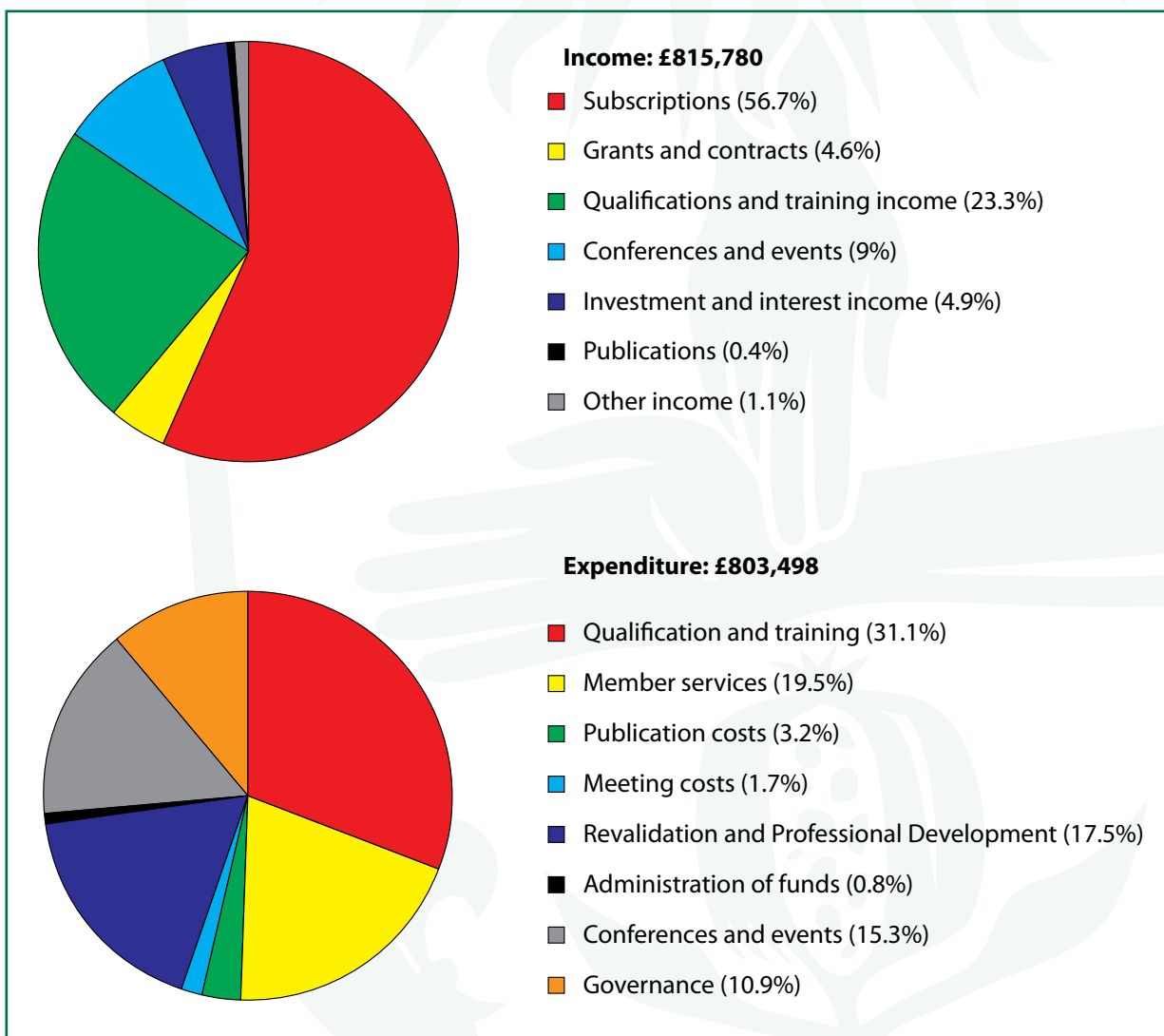
No significant movement of investments occurred during 2012 and the measures put in place the previous year in terms of investment selection were left unchanged, the view being that those decisions were made for the medium term and undue chasing of short term gains would be unlikely to achieve anything concrete. Cash continued to earn next to nothing and use of short-term cash bonds has allowed the Faculty to capitalise on the best offers in the market whilst not restricting access to funds. The Schroder Charity Equity Fund has performed very well during 2012, with a yield of 4.7% and an increase in overall value of 19% at year end. This performance is as yet unrealised but overall the Faculty’s equity-based investments have done well.

Budget 2013

The Trustees have agreed a budget that should again produce a small operating surplus for the year ahead. Such a surplus allows the Faculty some flexibility during the year and provides the ability to manage unbudgeted expenditure when it occurs (and it invariably does!). In order to meet the Faculty’s charitable activities the Trustees have agreed a rise in subscriptions of 3%, in line with inflation. The reserve situation will be closely monitored as we explore the opportunities for accommodation within the next two years. On a positive note it is apparent that more money is available from the Faculty’s restricted funds, allowing grant money carried over to be reserved for 2014. Continuing work around revalidation should be more predictable this year but the much-needed work to increase recruitment into the specialty and on other educational developments will require further funds throughout the year.

Conclusion

The Trustees consider that the Faculty’s financial position during 2012 was satisfactory, despite



significant challenges. The greatest risks currently include falling recruitment into the specialty and sustainability, particularly in relation to accommodation for the Faculty two years hence. The Faculty staff have continued to make great efforts to achieve the day-to-day output and the Trustees acknowledge their significant contributions. The Faculty continues to rely heavily on the membership, providing their services voluntarily despite having day jobs and other commitments. Their employers continue to support them and the Faculty, for which the Trustees are most grateful.

The Faculty has another two or three years of uncertainty ahead of it, yet we move forward in a sound financial position, formed out of prudent in-year management of expenditure and careful monitoring of longer-term investments. The Trustees believe that the Faculty's charitable activities can continue to be met through sensible budgeting and capitalisation on opportunities that ensure a sustainable future.

OBJECTIVES FOR 2013

Education, training and specialist accreditation

Professional training and education body for occupational physicians. Setting the standards of practice for occupational physicians and contributing to standard setting for all occupational health practice

Setting standards for the training and development of doctors in occupational medicine and assessing performance against those standards, creating specialists:

- Keep all aspects of specialty training under regular review
- Continue to work towards systemic changes to specialty training which could enhance recruitment with a particular focus on creating a national school and rotational training
- Create a trainee e-portfolio system
- Ensure the responsible officer system becomes operational and is legally compliant
- Develop an action plan to comply with General Medical Council (GMC) requirements

Providing non-specialists with areas of occupational medicine expertise:

- Provide and promote educational opportunities to general practitioners
- Explore new potential educational projects and develop where appropriate
- Contribute to standard setting for occupational health nursing and allied occupational health professionals

Quality improvement

Leading quality improvement in the practice of occupational medicine and occupational health

- Agree a quality improvement strategy with the Society of Occupational Medicine (SOM)
- Develop an international package for SEQOHS (Safe Effective Quality Occupational Health Service) accreditation scheme
- Develop an operational plan for quality improvement, to include the Health and Work Development Unit (HWDU), Management of Health at Work Knowledge (MoHawk) and Safe Effective Quality Occupational Health Service (SEQOHS) and launch with a conference
- Produce guidance for members as needed
- Make operational the new online continuing professional development (CPD) system
- Provide relevant CPD and training opportunities for practising occupational physicians through conferences, professional briefing days and other means

Influencing

Raising the profile of occupational medicine and occupational health and their importance to healthy working lives; including supporting campaigns on issues of poor working practices which affect health.

Seek to influence:

- Government, initiating and co-operating with policy initiatives
- Potential trainees to the specialty, to encourage recruitment
- General practitioners, to increase awareness of occupational health and the specialty
- Other medical specialties, to increase awareness of occupational health and the specialty

Also:

- Investigate further the potential for greater influencing capacity through closer working with SOM, including consideration of forming a single organisation
- Work with partners, especially charities, with particular focus on lending professional expertise to campaigns on poor working practices which affect health

- Develop a communications strategy – in consultation with SOM
- Define the unique selling point of the occupational physician, both working alone and within the multidisciplinary team
- Optimise Faculty membership of the Academy of Medical Royal Colleges (AoMRC), Royal College of Physicians (RCP), Council for Work and Health (CfWH)
- Optimise the President's participation in networks and attendance at meetings
- Liaise proactively with other specialties, especially public health

Expanding evidence-based research

Growing the evidence base for occupational medicine and health and wellbeing at work through stimulation of worthwhile research

- Make best use of the links with the Occupational and Environmental Medicine (OEM) journal
- Relaunch the Academic Forum in a new guise, which might include a role in the HWDU operational plan and with OEM and other publications
- Make optimum use of the expertise of the HWDU

Maintaining a sustainable and committed organisation

Ensuring the Faculty is a financially sustainable organisation, committed to and capable of carrying out its core charitable objects

- Ensure sound and realistic budget setting
- Ensure prudent budget management throughout the year, ensuring best value for money for the membership
- Clarify and enhance the partnership arrangements with SEQOHS
- Explore in depth opportunities to purchase a freehold/long leasehold property
- Undertake regular investment reviews
- Seek expert financial advice if and when required
- Ensure efficient use of staff and office resources

- Retain flexibility within budget and cashflow to respond to unexpected liabilities or opportunities
- Reap the benefits of new auditors' ideas/advice
- Ensure the costs of Responsible Officer (RO) service are fully met
- Explore imaginative new income streams, for example: advice to businesses for occupational health tenders, advertising on the website

- Maintain high level of membership paying fees
- Consider all avenues to promote benefits of membership and recruit new members
- Support Associates wishing to become Members

STATEMENT OF TRUSTEES' RESPONSIBILITIES

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. 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.

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

APPROVED by the Trustees and directors on 10 April 2013 and signed on their behalf by:



Registrar and Deputy President: Dr Raymond V Johnston MBA FRCP FRCP(Glas) FFOM FFTM DAvMed

ANNEX 1

AUDITED ACCOUNTS FOR THE PERIOD ENDED 31 DECEMBER 2012

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

We have audited the financial statements of the Faculty of Occupational Medicine for the year ended 31 December 2012 which comprise the Statement of Financial Activities, Summary Income and Expenditure Account, Balance Sheet, and 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. Our audit work has been undertaken so that we might state to the company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charitable company and charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and 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. 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 Trustees' 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 2012 and of its incoming resources and application of resources, including its income and expenditure, for the year 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.

Opinion on other matter prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Annual Report for the financial year 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 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept or returns adequate for our audit have not been received from branches not visited by us; or
- the 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 Trustees' Annual 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: 30 April 2013

STATEMENT OF FINANCIAL ACTIVITIES

(incorporating the Income & Expenditure Account)

Year ended 31 December 2012

	Notes	Unrestricted funds			Total 2012 £	Total 2011 £
		Designated Funds £	General Funds £	Restricted Funds £		
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	24,522	15,704	-	40,226	19,902
Incoming resources from charitable activities						
Subscriptions		-	462,296	-	462,296	447,764
Qualifications and training		-	189,677	-	189,677	199,456
Publications		-	2,927	-	2,927	4,625
Other income		-	9,181	-	9,181	6,391
Conferences and events		-	73,706	-	73,706	52,493
Grants and contracts for publications, training and conferences	2	-	-	37,767	37,767	96,933
Total incoming resources		24,522	753,491	37,767	815,780	827,564
RESOURCES EXPENDED						
Charitable activities	4	7,650	664,317	43,692	715,659	918,885
Governance costs	6	-	87,839	-	87,839	84,439
Total resources expended		7,650	752,156	43,692	803,498	1,003,324
Net incoming resources before transfers		16,872	1,335	(5,925)	12,282	(175,760)
Transfers between funds		-	25,616	(25,616)	-	-
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	92,875	-	-	92,875	(9,273)
Net movements in funds for the period		109,747	26,951	(31,541)	105,157	(185,033)
Funds balance brought forward at 1 January 2012	16	502,025	345,773	263,339	1,111,137	1,296,170
Funds balance carried forward at 31 December 2012		£611,772	£372,724	£231,798	£1,216,294	£1,111,137

All income has been generated from continuing operations.

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

BALANCE SHEET

31 December 2012

	Notes	2012		2011	
		£	£	£	£
FIXED ASSETS					
Tangible assets	9		27,701		30,540
Investments	10		602,815		487,230
			630,516		517,770
CURRENT ASSETS					
Stock	11	0		1,464	
Debtors	12	59,591		46,977	
Cash on deposit		363,101		358,803	
Cash at bank and in hand		413,135		424,196	
		835,827		831,440	
CREDITORS:					
Amounts falling due within one year	13	241,049		233,073	
Dilapidation provisions	15	9,000		5,000	
			585,778		593,367
NET CURRENT ASSETS			585,778		593,367
NET ASSETS			£1,216,294		£1,111,137
REPRESENTED BY:					
Unrestricted funds					
General funds	16	372,724		345,773	
Designated funds	16	611,772		502,025	
			984,496		847,798
Restricted funds	16		231,798		263,339
TOTAL FUNDS	17		£1,216,294		£1,111,137

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 10 April 2013, were signed below on its behalf by:



Registrar and Deputy President:

Dr Raymond V Johnston MBA FRCP FRCP(Glas)
FFOM FFTM DAvMed



Treasurer:

Dr Mark R Groom FFOM MRCGP DAvMed

Registered in England No 07461063

NOTES TO THE FINANCIAL STATEMENTS

Year ended 31 December 2012

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 year in which they are incurred.

(f) Investments

Investments are included at market value.

Unrealised gains and losses on investments arising in the year are included in the Statement of Financial Activities for the year in which they arise.

(g) Pensions

Contributions are made on behalf of certain employees into their individual defined contribution 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.

2 GRANTS, CONTRACTS AND DONATIONS

	Designated	Restricted	General	Total 2012	Total 2011
	£	£	£	£	£
Grants					
Academy of Medical Royal Colleges					
Revalidation work					
e-Portfolio	-	-	-	-	(37,375)
Pilot	-	14,850	-	14,850	4,808
Specialty advisor training	-	20,917	-	20,917	-
Department of Health					
Diploma grant	-	-	-	-	4,000
Professional briefings grant	-	-	-	-	4,000
SEQOHS Accreditation system	-	-	-	-	119,000
Training grant	-	-	-	-	1,500
Donations					
ExxonMobil Elective Fellowships	-	2,000	-	2,000	-
Wilf Howe fund	-	-	-	-	1,000
	£-	£37,767	£-	£37,767	£96,933

3 INVESTMENT INCOME

	Designated	Restricted	General	Total 2012	Total 2011
	£	£	£	£	£
Bank interest	-	-	15,704	15,704	5,771
Dividends	24,522	-	-	24,522	14,131
	£24,522	£-	£15,704	£40,226	£19,902

4 ANALYSIS OF COSTS

	Direct Costs	Direct Salaries	Support Costs	Total 2012	Total 2011
	£	£	£	£	£
Qualifications and training	44,935	109,180	95,885	250,000	286,594
Publications	-	13,239	11,626	24,865	25,259
Revalidation, professional development and standards	38,025	54,691	48,031	140,747	122,989
Administration of funds	-	3,616	3,175	6,791	8,134
Conferences and events	59,774	33,492	29,414	122,680	288,686
Membership	76,751	42,544	37,363	156,658	175,466
Meeting costs	13,918	-	-	13,918	11,757
	233,403	256,762	225,494	715,659	918,885
Governance costs	20,614	35,792	31,433	87,839	84,439
	£254,017	£292,554	£256,927	£803,498	£1,003,324

5 BREAKDOWN OF SUPPORT COSTS

	2012	2011
	£	£
Staff	48,264	84,703
Communication	17,383	18,149
Printing, postage and stationery	4,811	5,689
Premises	59,285	38,676
Repairs and maintenance	9,233	7,332
Advertising and recruitment	215	4,555
Irrecoverable VAT	47,179	34,108
Accountancy fees	2,213	3,191
Depreciation	9,724	10,462
Other direct costs	58,620	65,332
Moving costs	-	350
	£256,927	£272,547

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

6 GOVERNANCE COSTS

	2012	2011
	£	£
Staff	35,792	37,390
Support costs	31,433	32,850
Audit fees	9,397	6,141
Consultancy	-	505
Meetings	6,822	5,349
Annual General Meeting	1,344	1,384
Annual report	3,051	820
	£87,839	£84,439

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2011: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £7,685 (2011: 27 Trustees - £6,368).

8 STAFF COSTS

	2012	2011
	£	£
Wages and salaries	293,961	310,272
Social security costs	34,366	33,120
Pension costs	10,548	21,869
	£338,875	£365,261
The average number of full-time equivalent employees during the period was:	8	9

One member of staff was remunerated in the £70,001 to £80,000 range (2011 - none).

No member of staff was remunerated in the £60,001 to £70,000 range (2011 - one).

The associated pension costs of this individual were £7,350 (2011 - £7,000).

9 TANGIBLE FIXED ASSETS

	Fixtures and fittings	Office equipment	Total
	£	£	£
Cost			
At 1 January 2012	55,623	46,056	101,679
Additions	-	6,884	6,884
Removal of old assets	(14,331)	(29,304)	(43,635)
At 31 December 2012	41,292	23,636	64,928
Depreciation			
At 1 January 2012	(25,083)	(46,055)	(71,138)
Charge for the year	(8,259)	(1,465)	(9,724)
Removal of old depreciation	14,332	29,304	43,635
At 31 December 2012	(19,011)	(18,216)	(37,227)
Net Book Value			
At 31 December 2012	£22,281	£5,420	£27,701
At 31 December 2011	£30,540	£-	£30,540

10 INVESTMENTS

	2012	2011
	£	£
Quoted investments		
At 1 January 2012	487,230	235,872
Additions	22,710	14,131
Transfers in/(out)	-	246,500
Unrealised gain/(loss)	92,875	(9,273)
At 31 December 2012	£602,815	£487,230
Historical cost	424,387	424,387
No of units	101,160	101,160
Valuation	595.90p	485.10p

Investments consist of units in Schroders Charity Equity Fund.

11 STOCK

	2012	2011
	£	£
Stock comprises:		
Publications for resale	£-	£1,464

12 DEBTORS

	2012	2011
	£	£
Accrued income	16,582	9,610
Other debtors	10,232	9,189
Prepayments	32,777	28,178
	£59,591	£46,977

13 CREDITORS: amounts falling due within one year

	2012	2011
	£	£
Trade creditors	52,792	20,676
Accruals	50,728	55,592
Deferred income - examination fees received in advance	1,228	23,784
- subscriptions in advance	115,508	115,772
- conference income	430	-
- professional briefing days	1,875	-
Tax and social security	10,260	8,829
Pension liability	-	629
VAT	8,228	12,791
	£241,049	£238,073

14 DEFERRED INCOME

	Examination fees	Subscriptions	Conferences	Professional briefing days	Total
	£	£			£
Balance at 1 January 2012	23,784	115,772	-	-	139,556
Amounts released to incoming resources	(23,784)	(115,772)	-	-	(139,556)
Amount deferred in the year	1,228	115,508	430	1,875	119,041
Balance at 31 December 2012	£1,228	£115,508	£430	£1,875	£119,041

15 DILAPIDATIONS

	2012	2011
	£	£
Dilapidation provision	£9,000	£5,000

16 FUNDS

a) Restricted funds	As at 1 January 2012	Incoming Resources	(Gain/Loss) on investment	Outgoing Resources	Transfers In/(out)	As at 31 December 2012
	£	£	£	£	£	£
Good Practice Guidelines Funds						
Esso Publications Fund	13,322	-	-	6,673	-	6,649
Rolls Royce Guidelines Fund	6,523	-	-	-	-	6,523
Academic Activities Funds						
Corporate Health (Mobbs) Fund	54,549	-	-	3,339	(600)	50,610
Donald Hunter Lecture Fund	11,069	-	-	-	-	11,069
Ernestine Henry Lecture Fund	3,087	-	-	-	-	3,087
Esso Research Fellowship Fund	563	-	-	-	-	563
ExxonMobil Elective Fellowships Fund	-	2,000	-	-	-	2,000
Wilf Howe Fund	4,257	-	-	531	-	3,726
William Taylor Memorial Fund	2,810	-	-	266	-	2,544
Academy of Medical Royal Colleges						
Environmental medicine	1,426	-	-	-	-	1,426
Revalidation work	1,211	-	-	85	(1,126)	-
CPD online	32,370	-	-	-	(3,517)	28,853
e-Portfolio	29,306	-	-	3,800	(5,500)	20,006
Pilot	33,432	14,850	-	26,306	(5,000)	16,976
Specialty advisor training	-	20,917	-	1,307	(2,873)	16,737

16 FUNDS (continued)

Department of Health						
(e-LfH) e-learning	44,747	-	-	-	-	44,747
Diploma grant	4,000	-	-	-	(2,000)	2,000
Health for health professionals	10,862	-	-	772	(4,000)	6,090
Professional Briefings grant	4,000	-	-	-	(1,000)	3,000
SEQOHS accreditation system	5,805	-	-	613	-	5,192
	263,339	37,767	-	43,692	(25,616)	231,798
b) Designated funds						
	£	£	£	£	£	£
BUPA award fund	10,000	-	-	-	-	10,000
Capital fund	408,560	24,522	92,875	--	-	525,957
Department of Health Development Grant	83,465	-	-	7,650	-	75,815
	502,025	24,522	92,875	7,650	-	611,772
c) General funds	345,773	753,491	-	752,156	25,616	372,724
Total funds	£1,111,137	£815,780	£92,875	£803,498	£-	£1,216,294

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.

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.

ExxonMobil Elective Fellowships Fund funds electives open to medical undergraduates.

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, to pilot revalidation and to train specialty advisers.

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.

BUPA Award money has been set aside for the development of the trainee e-portfolio.

The **Capital Fund** was designated in 2000 and represents an amount equivalent to the value of the investment portfolio. These investments are held to ensure the future of the Faculty.

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.

Transfers have been made to cover project overheads.

The Faculty of Occupational Medicine is holding £6,591 on behalf of the Council for Work and Health. This balance does not form part of these accounts.

17 ANALYSIS OF NET ASSETS BETWEEN FUNDS**The net assets are held for the various funds as follows:**

	Unrestricted			Total
	Designated	General	Restricted	
	£	£	£	
Tangible fixed assets	-	27,701	-	27,701
Investments	602,815	-	-	602,815
Net current assets	8,957	345,023	231,798	585,778
	£611,772	£372,724	£231,798	£1,216,294

18 OPERATING LEASE COMMITMENTS**The Faculty had an annual commitment in respect of operating leases as follows:**

	2012	2011
	£	£
Leases which:		
Expire within one year (land and building)	-	-
Expire between 2 and 5 years (land and buildings)	55,175	36,783
Expire within one year (office equipment)	-	-
Expire between 2 and 5 years (office equipment)	-	1,971
	£55,175	£38,754

19 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, with whom it has two partnership projects: the Health and Work Development Unit (HWDU) and the SEQOHS (Safe Effective Quality Occupational Health Service) accreditation system.

The following Annexes do not in themselves form part of the formal Trustees' Annual Report, but provide supplementary information on those who have contributed to the work of the Faculty or who have gained Faculty qualifications in 2012.

ANNEX 2

List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, representatives and those who have examined and acted as external workplace-based assessors, protocol reviewer and dissertation assessors in 2012



EXECUTIVE COMMITTEE

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

Registrar (Chair)	Dr R V Johnston
President	Dr O H Carlton
Academic Dean	Professor K T Palmer
Director of Assessment	Dr D Sen/Gp Capt D C McLoughlin
Director of Training	Dr I R Aston
Director of Professional Development	Col R Thornton
Director of Quality Improvement	Dr S C Sheard
Treasurer	Dr S C Sheard/Dr M R Groom
Chief Executive	Ms N Coates

SPONSORSHIP APPROVAL PANEL

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

Chair	Ms N Coates
Lay member	Dr I R Aston Dr P Graham Dr C Sharp

MOBBS TRAVELLING FELLOWSHIP PANEL

This Panel assesses applications for these fellowships.

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

WILF HOWE PRIZE PANEL

This Panel assesses applications for this prize.

Registrar	Dr R V Johnston
Academic Dean	Professor K T Palmer
Lay member	Dr P Graham

NORTHERN IRISH AFFAIRS FORUM

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

Board representative for Northern Ireland (Chair)	Dr M Tohill
Previous Board representative for Northern Ireland	Dr D I M Skan
Regional Specialty Adviser	Dr W R Gamble
Private sector representative	Dr W R Jenkinson
Trainee representative	Dr D Connelly
FOM Ireland representative	Dr K Addley

BLUE LIGHT DRIVING STEERING GROUP

This group is developing guidelines on medical assessments for drivers of emergency vehicles

Chair	Dr D C Bulpitt
Chief Medical Adviser, Maritime and Coastguard Agency	Dr J T Carter
Faculty representative & National Air Traffic Services	Dr S Clift
National Police Improvement Agency	Mr M Johnston
Retired Chief Medical Adviser, DVLA	Dr H C Mason

FELLOWSHIP COMMITTEE

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

Chair	Professor D N M Coggon
Registrar	Dr R V Johnston
Elected RSA Representative	Gp Capt D C McLoughlin
Lay member	Mrs B Harrison/ Dr P Graham
Lay member	Ms S Page
Fellows appointed by the Board	Dr J Cartwright Dr G Denman Dr R M Preece Dr J Henderson/Dr D I T Jenkins Dr L P Wright/Dr L Leeming-Latham

ETHICS COMMITTEE

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also reviews and updates, the Faculty's ethical guidance. 2012 saw the publication of the seventh edition of such guidance, but as Ethics Guidance for Occupational Practice, to reflect its applicability to a wider occupational health audience. It is not the remit of the Committee to consider and report routinely on ethical considerations arising out of individual research projects or protocols proposed by members, which should normally be submitted to Local or Multi-centre Research Ethics Committees or other appropriate committees such as those established by the Health and Safety Executive or the Ministry of Defence.

Chair	Dr P Litchfield
Guidance Secretary	Dr N A Brecker
Member of the Board/Executive	Dr S C Sheard
4 Members or Fellows	Dr J G Bell Dr L Holden Dr R D Jefferson Dr J Challenor
Diploma holder	Dr B Rah
Co-opted non-medical member OH nurse	Ms S Cave
Co-opted non-medical member OH nurse	Ms E Wood
Lay member	Dr P Graham/Mrs B Harrison
Lay member	Ms S Page
Employment lawyer	Mrs D Kloss
Previous Guidance Secretary	Dr S Hunt

CLINICAL EXCELLENCE AWARDS COMMITTEE

The Faculty Clinical Excellence Awards Committee nominates NHS consultants in occupational medicine for clinical excellence/distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages eligible consultants who are members of the Faculty to submit the relevant documentation to the committee for consideration. The future of these awards remains uncertain.

Chair	Professor D N M Coggon
Lay member	Dr P Graham/Mrs B Harrison Professor A J Newman Taylor Dr D C Snashall
SOM nominee/representative of Scotland	Dr A H Mounstephen

SEQOHS EXECUTIVE COMMITTEE

SEQOHS is the accreditation service for occupational health services. This is a Faculty scheme, the running of which is contracted out to the Royal College of Physicians. It is managed by the Faculty and the College, working in partnership. The SEQOHS Executive Committee is accountable to the Faculty Board, via the Faculty Executive Committee, and is chaired by the SEQOHS Clinical Lead, who is appointed jointly by the two organisations.

Chair	Dr S E L Coomber
Faculty of Occupational Medicine	Ms N Coates
Faculty of Occupational Medicine	Dr S C Sheard
SEQOHS	Mr D Cahill
Royal College of Physicians	Ms J Ingham
Royal College of Physicians	Ms C Rogers
NHS Plus	Mr A Gilbey
Co-opted consultant	Ms D Johnston
Assessor/Nurse representative	Ms A Dunn
Lay representative	Dr P Graham

PROMOTING OCCUPATIONAL HEALTH IN MEDICAL SCHOOLS (POHMS) SUBCOMMITTEE

This Subcommittee's function is to promote awareness of occupational health and an interest in occupational medicine as a career, amongst medical undergraduates and junior doctors.

Chair	Dr N R Williams
	Dr M G Braithwaite/Dr H G M Sayeed Dr G M Fletcher Dr F C Page Dr N R Williams/Dr M Tohill

ASSESSMENT SUBCOMMITTEE

The Assessment Subcommittee considers all matters relevant to the examination/assessment process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners and assessors.

Director of Assessment (Chair)	Dr D Sen/Gp Capt D C McLoughlin
Deputy Director of Assessment	Dr D C Brown/Dr N K Cooper
Academic Dean	Professor K T Palmer
Chief Examiner Part 2 MFOM	Dr T Hussain/Dr A J Bray
Chief Examiner DOccMed	Dr S R Boorman
Chief Examiner DDAM	Dr S M Awbery
Chief Examiner DAvMed	Gp Capt D P Gradwell/Wg Cdr M E Lewis
Chief Examiner Research Methods	Dr K M Venables
Chief Examiner WBA	Dr L Batty
Chief Examiner HAVS	Dr S B Nimmo
Lay member	Ms S Page

WORKPLACE-BASED ASSESSMENTS ADVISORY GROUP

The Workplace-Based Assessments Advisory Group is concerned with developing soundly based workplace-based assessments, supporting related training and developing the roles of external workplace-based assessors.

Chief Examiner Workplace-Based Assessments (Chair)	Dr L Batty
	Dr N J Cordell Dr L A Curran Dr B P Lashbrooke Dr D H Major Dr K A McKinnon Dr M D McKinnon Dr A K Skidmore Professor J Harrison
London School of Occupational Medicine	

PART 2 MFOM ADVISORY GROUP

This Advisory Group devises, sets and reviews the examination for the Part 2 Membership examination.

Chief Examiner Part 2 MFOM (Chair)	Dr T Hussain/Dr A J Bray
Deputy Chief Examiner Part 2 MFOM Director of Assessment	Dr A J Bray/Dr S Austin Dr D Sen /Gp Capt D C McLoughlin Dr S Austin /Dr T Hussain Dr M J E Gann Dr A Hirst Dr M Jennings Dr R V Johnston Dr D S D Jones Dr S Kumar Dr C J M Poole Dr S Sadhra

DOccMed ADVISORY GROUP

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

Chief Examiner DOccMed (Chair)	Dr S R Boorman
Deputy Chief Examiner DOccMed Director of Assessment	Dr L P Wright Dr D Sen /Gp Capt D C McLoughlin Dr A J Bray Dr J Henderson Dr P M Jeffrey Dr D C McLoughlin Dr R M C McNeill Love Dr J E Spenceley Dr P F Stuckey Dr S T Wang

DDAM ADVISORY GROUP

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

Chief Examiner DDAM (Chair)	Dr S M Awbery
Director of Assessment	Dr D Sen/Gp Capt D C McLoughlin Dr D Beswick Dr P Dewis Dr T M Gibson Gp Capt D W Jones Dr M Henderson

DAvMed ADVISORY GROUP

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

Chief Examiner DAvMed (Chair)	Gp Capt D P Gradwell/Wg Cdr M E Lewis
Deputy Chief Examiner DAvMed Director of Assessment	Dr S A Evans Dr D Sen/Dr D C McLoughlin Dr D G Bruce Dr P J Collins Howgill Dr R V Johnston Dr M Lewis Wg Cdr H Lupa Dr C Sharp

PETER TAYLOR MEDAL ADVISORY GROUP

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

Academic Dean (Chair)	Professor K T Palmer
Chief Examiner Research Methods SOM representative	Dr K M Venables Dr S B Nimmo

SPECIALIST ADVISORY SUBCOMMITTEE

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

Director of Training (Chair)	Dr I R Aston
Deputy Director of Training Academic Dean Trainee Representative Chair, CESR Advisory Group Faculty Fellow Lead Dean for Occupational Medicine	Dr J K Moore Professor K T Palmer Dr H Gallagher-Alagha/Dr R-W Chang Dr J G Spiro Dr N K Cooper Professor E Hughes

CESR (Certificate of Eligibility for Specialist Registration) ADVISORY GROUP

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

Chair	Dr J G Spiro
Director of Training	Dr I R Aston Dr A J Bray Dr J Cartwright Dr N K Cooper Dr T M Gibson Dr D J Haldane Dr R L Marcus Gp Capt D C McLoughlin Dr I C Perry Dr S C Sheard

REGIONAL SPECIALTY ADVISERS AND DEPUTIES

REGION	SPECIALTY ADVISER	DEPUTY
Northern	Vacant/Dr W C Fraser	Vacant
Yorkshire	Dr J M Shepherd	Dr S M J Powell
Trent	Dr R M Quinlan	Dr L Ogunyemi
East of England	Dr S E L Coomber	Dr G A Martell
N W Thames	Vacant	Dr C F Amos/Vacant
N E Thames	Dr D C H Bulpitt/Vacant	Dr D E S Macaulay
S E Thames	Dr J M W Simpson	Dr A-A Hashtroudi
S W Thames	Vacant	Vacant/Dr S J Phillips
Wessex	Dr R G Crane	Dr P S Milne
Oxford	Dr J G Spiro	Dr K K Sarangi
South West	Dr R Philipp	Dr T F May
West Midlands	Dr J A Halliday-Bell	Dr A S Robertson
Mersey/North West	Dr D G Menzies	Dr S Kumar
Wales	Dr M G Tidley	Dr G D Jones
South Scotland	Dr G M Fletcher/Vacant	Dr S Saravolac
North Scotland	Dr M E Wright	Dr E Murphy
Northern Ireland	Dr W R Gamble	Dr M Tohill
Navy	Surg Capt A B Baker	Surg Cdre G Nicholson/ Vacant
Army	Lt Col S E F Folkes	Col M G Braithwaite/Dr M A Rooms/ Dr S C Sheard
Air Force	Gp Capt A N C Reid	Gp Capt D C McLoughlin/ Vacant
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Professor M H Ross	Dr F H Fox
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

This Subcommittee advises the Board and membership on matters relating to professional development, including continuing professional development. During 2012 its focus has been the development of a revalidation system for occupational medicine.

Director of Professional Development (Chair)	Col R Thornton
Deputy Director of Professional Development	Dr D Patel Dr A S C Allison Dr M G Braithwaite Dr J A East Dr S M Galey Dr P Graham/Mrs B Harrison Dr W F Holmes Dr D Sen Dr S C Sheard Dr J Shepherd Mr R Marchant
Lay member	
GMC representative	

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE & HEALTH

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

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

REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges	Dr O H Carlton
Assessment Committee	Dr D Sen/Gp Capt D C McLoughlin
Health Inequalities Forum	Dr I M Kennedy
Academy of Medical Royal Colleges in Scotland	Dr S J Ryder/Dr M T Hilditch
Academy of Medical Royal Colleges in Wales	Dr M G Tidley
Alcohol Health Alliance	Dr D C Snashall
British Medical Association	
Junior Doctors Committee	Dr H Gallagher-Alagha/Dr R-W Chang
Occupational Medicine Committee	Dr T P Finnegan
Civil Aviation Authority Aviation Medicine Forum	Dr E J Hutchison
European Union of Medical Specialists	
Section of Occupational Medicine	Dr E B Macdonald
Faculty of Sport and Exercise Medicine (UK)	Dr M H England
Health & Safety Executive Asthma Partnership Board	Professor T P Cullinan
Healthy Working UK Editorial Board	Ms N Coates Dr D Sen
Health and Work Development Unit (Faculty/Royal College of Physicians partnership) Executive Committee	Ms N Coates Dr S C Sheard
Medical Council on Alcohol Advisory Group	Dr C D Payton
Occupational and Environmental Medicine Editorial Board	Dr D C Snashall
Royal College of Physicians of London	
Council	Dr O H Carlton
Committee on Ethical Issues in Medicine	Dr R D Jefferson
Royal College of Physicians & Surgeons of Glasgow	Dr P M Jeffery

EXAMINERS

S Austin	A M de Bono	C W Ide	D C McLoughlin	P J J Ryan
D Baker	K A Eraneva	D I T Jenkins	S G McVittie	H G M Sayed
P D Baker	G R Evans	M Jennings	P S Milne	A J Scott
C G Batty	S A Evans	R V Johnston	N G Morris	D Sen
L K Boakye	D F Gallagher	D S D Jones	S B Nimmo	S C Sheard
A J Bray	W R Gamble	C J Kalman	H K Nixon	D E Slavin
D C Brown	M J E Gann	M Kinouly	L Ogunyemi	J E Spenceley
D G Bruce	T M Gibson	I J Lambert	F C Page	S A Szweda
D L Bruce	D A Gidlow	M E Lewis	C D Payton	J S F Tamin
I M Calder	M A Glover	B P Ludlow	K J Pilling	S Turner
K M E Champion	D P Gradwell	HT Lupa	B W Platts	H M J Volk
J Cartwright	I L Griffiths	D E S Macaulay	C J M Poole	M E Wright
P J Collins Howgill	D J Haldane	F Macdonald	M Popplestone	L P Wright
B M S Cooper	M T Hilditch	M Mansouri	R M Preece	
N K Cooper	S J Hunt	R L Marcus	R M Quinlan	
N J Cordell	T Hussain	D N F Marshall	A S Robertson	
B M Crichton	E J Hutchison	W J McCulloch	A Rossiter	

EXTERNAL WORKPLACE-BASED ASSESSORS

L A Adishes	N J Cordell	D H Major	T O Osunsanya
C G Batty	H S Giridhar	M Mansouri	M Popplestone
L Batty	M A Glover	K J Marsden	R M Quinlan
M G Braithwaite	D J Haldane	M D McKinnon	L S Smith
A J Bray	S J Hunt	S G McVittie	P F Stuckey
D C H Bulpitt	H K Kaul	E Murphy	P S Turnbull
R M Calvert	A M Leckie	P J L M Oliver	

PROTOCOL REVIEWERS AND DISSERTATION ASSESSORS

L A Adishes	G Denman	B P Ludlow	J M W Simpson
C G Batty	F D Dick	M H Lygo	A J M Slovak
T Bazas	R P Donnelly	I Madan	L S Smith
J G Bell	N P Dowdall	I J Murphy	A P Steele-Perkins
L Bell	D J C Flower	P J Nicholson	M G Tidley
D C Brown	M J E Gann	S B Nimmo	P D Trafford
P S Burge	R G Hall-Smith	P A Noone	P S Turnbull
I M Calder	C G Harker	L Ogunyemi	P G Verow
C G Campbell	J Harrison	C D Payton	H M J Volk
J T Carter	C W Ide	C J M Poole	E R Waclawski
S-E Chia	C J Kalman	A Rimmer	N G Wilson
D N M Coggon	P W Lewthwaite	A S Robertson	
M Cunningham-Hill	J Luby	P J J Ryan	

REPORTS FROM REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges Health Inequalities Forum (AHIF)

The Forum met three times during 2012. Issues around the future role and remit of the Forum were discussed, covering its external role in terms of work in progress, relationships with other organisations (particularly in light of potential changes arising out of the Health Bill), its internal functions, interactions and communications with Colleges.

Forum members agreed that there is a clear remit and need for the work of AHIF to continue. There was unanimous support for the benefit of educating and facilitating clinicians to tackle health inequality issues with patients. Many clinicians are aware of health inequalities, but are either uncomfortable raising health inequality issues directly with patients, or do not see it as their role. Medsin (representing medical students) have also confirmed that undergraduates would like to see an increase in health inequalities education within the undergraduate curriculum.

It was agreed that the work of the AHIF will focus on the following areas over the next two years:

- responding to Social Determinants of Health; What Doctors Can do. A framework has been provided, which includes four areas in which clinicians can tackle health inequalities; treating patients, community leadership, advocacy and research. AHIF should explore these areas and produce a statement;
- exploring early interventions in childhood to reduce inequalities - to determine how each College understands the interventions required and what can be practically implemented;
- developing tools to enable clinicians to engage with the health inequality agenda and raise with patients, where appropriate. This could be in the form of educational factsheets;
- developing an AHIF page on the Academy website, as a resource for accessing information on health inequalities. This would be part of the communications strategy;
- releasing position statements on issues that are advocated by all Colleges to tackle health inequalities;
- responding to Every Contact Counts, a web-based tool that aims to help people who work with the public to acquire knowledge, skills and confidence to communicate effectively on steps to better health and wellbeing;
- contributing to education around health inequalities, including inputs to undergraduate and postgraduate education programmes; and working with examining bodies and medical

schools to explore how knowledge on health inequalities might be best examined in practice

Workstreams for each of the above areas have been set up, and regular feedback on progress will be provided at future meetings.

Ioana Kennedy

British Medical Association (BMA) Occupational Medicine Committee

The BMA Occupational Medicine Committee (BMA OMC) meets in October, January and April in BMA House and also sends representatives to the BMA Annual Representative Meeting in July. The BMA OMC has eight members, most elected by the BMA. The Faculty and the Society each send representatives. It is always well attended. Paul Nicholson is the active Chairman and was re-elected for 2012-13. The BMA's secretariat run an effective email list-server which keeps members in touch and allows input on topical issues between meetings. The Faculty provides a very useful summary of its activity and priorities before each meeting.

The key activity of the BMA OMC is to ensure that OM issues are considered by the BMA as part of their wider policy. Specific work this year has included:

- raising concerns about electronic smoking;
- revising The Occupational Physician;
- contributing to BMA responses to Government and NGO initiatives;
- contributing to the progress of revalidation;
- considering how best to help sick doctors.

It is very worthwhile for the Faculty to be represented at the BMA OMC. I resign in Summer 2013 and this is an excellent opportunity for my successor to raise the profile of OM and do some personal networking.

Vale!

Timothy Finnegan

Civil Aviation Authority (CAA) Aviation Medicine Forum

The Civil Aviation Medicine Forum meets biannually to enhance communication and liaison with key stakeholders. The main developments in 2012 were:

- Implementation of Aircrew Regulation: The UK CAA implemented the EU rules for pilot

medical certification on 17 September 2012. The European Commission Regulation (EU) No 290/2012 was applicable from 8 April 2012 and complements the existing Regulation 1178/2011 for civil aviation aircrew. It provides for mutual recognition of licences and medical certificates, as well as training organisations and aeromedical centres. The rules introduce the new Light Aircraft Pilot's Licence (LAPL) medical certificate which can be issued by a General Practitioner. The UK is scheduled to implement the cabin crew requirements in 2014. The CAA website has recently been updated with information for cabin crew, health professionals and operators on cabin crew medical requirements. Work is underway at the European Aviation Safety Agency (EASA) to take over the rules for Air Traffic Controller Officer medical certification.

- **Fatigue:** The CAA has formed an internal expert fatigue steering group with an initial focus on identifying best practice in Fatigue Risk Management Systems and collaboration with industry in trialling implementation of measures. A number of projects addressing potential operational tools to assist in fatigue risk management are underway.
- **Volcanoes:** A severe effusive (gas-rich) volcanic eruption is listed as the fourth highest risk on the UK National Risk Register. The UK's proposals on the research questions to be answered on the potential health risks of contamination of cabin air by volcanic gases have been passed on as a task for the International Airways Volcano Watch Operation Group, following the completion of the work of the International Civil Airways Organisation Volcanic Ash Task Force.
- **Website and other communication:** Work to update the passenger FAQs is ongoing. The guidance on fitness to fly for health professionals has now been published as a series of web-pages. The Aviation Health Unit (AHU) has joined the world of social networking and is issuing 'tweets' through the CAA Twitter account. The Head of AHU has contributed to the revision of the Royal College of Obstetricians & Gynaecologists' guidelines for pregnant women travelling by air. Discussions are under way with the Royal College of Psychiatrists on the development of guidelines for air travel and mental health.
- **Guidance on Certification of pilots with insulin-treated diabetes:** The CAA Medical Department is now assessing individual pilots with diabetes treated with insulin or other potentially hypoglycaemic medication for all classes of certification subject to increased scrutiny and in-flight (pilot)/duty (air traffic control operators) testing. Guidance was produced as a result of two expert panel meetings in liaison with Flight Operations at the CAA. The CAA will be organising a pan-European workshop for diabetologists and hopes to produce a concept paper. This paper will be submitted to the Rule Making Advisory Group (RAG) with the intention of effecting a change in the current EASA rules.
- **Certification of pilots on SSRIs:** The recently implemented EASA rules enable pilots to return to flying after making a full recovery from a depressive illness but whilst continuing to take medication, subject to suitable assessment. Only certain medications are permitted and guidance is available from the CAA website. For the time being all applicants must attend a review with a consultant psychiatrist at the CAA Aeromedical Centre.
- **Specialty of Aviation and Space Medicine:** Professor Burr, Medical Director of the Joint Royal Colleges of Physicians Training Board has been informed by the Director of Medical Education (England), Professor Sowden, that the four UK health departments have approved the stage one application for a new medical specialty in aviation and space medicine. The application now moves on to stage two for development and subsequent GMC approval of a full curriculum. This will be delayed until the conclusion of the Shape of Training review.

Ewan Hutchison

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

The UEMS represents more than 50 medical disciplines through various bodies and structures. The most important ones are the 39 Specialist Sections, which represent independently recognised specialties. The formation of the Occupational Medicine section was organised by the UK and Irish Faculties in 1996, building on the work of Joe Kearns. The mission of the Occupational Medicine Section is to promote the development of the specialty of occupational medicine in Europe with the aim to improve the health of the workers by; supporting and defending the role of occupational medicine in society with the aim to promote the health of workers; influencing EU legislators; collaborating with appropriate institutions; ensuring the quality of training and professional practice; identifying and taking action on common issues.

The section has been successful in influencing the EU agenda through the development of common European competencies, largely based on the UK

competencies, and which have influenced the training of occupational physicians across Europe. The UK academic representative also initiated the Assessment Tool for Occupational Medicine (ATOM) project based on work in Glasgow, which has eventually been brought to fruition in the last year by the adoption by the section of a common competency based log book for specialist trainees across the EU, thanks particularly to the energies of Nikki Cordell, the current practitioner representative nominated by the Society of Occupational Medicine. Other activities of the section have included advising the central UEMS on the European Working Time Directive, and further developing that work by completing a systematic literature review on long working hours and doctors' health which has been submitted for publication.

The section's activities have recently been recognised by the German Association of Occupational Medicine at its Bregenz meeting by awarding its annual Innovation Award which can be "given to individuals, groups, or organisations that make an important contribution to the development of the profession by their innovative achievement in research, education and training or quality assurance".

However, as with all European institutions, the parent UEMS continues to extend its activities. There is the European Accreditation Council for Continuing Medical Education (EACCME) which provides a system of recognising CME internationally (a useful function); the Council for European Specialist Medical Assessment (CESMA) founded in 2007; and the European Council for the Assessment of Medical Specialist Qualifications (ECAMSQ) founded in 2008, which recently asked the section to consider setting up a European qualification in occupational medicine, which the UK representatives spoke against. There is much that is very positive in the European networks but given the remorseless creep of European institutions it is important that the UK is strongly represented. This will be my last report as I stand down as UK academic representative and I am grateful to the support of the Faculty to this important area of European professional and medico-political work.

Ewan Macdonald

Faculty of Sport and Exercise Medicine (UK)

2012 was understandably a memorable year for the Faculty and its members with the highlight being the London 2012 Olympics. This was a busy but immensely enjoyable time for those who volunteered to provide medical services at the games. Aligned to

this event, the National Centre for Sport and Exercise Medicine was launched by the Department of Health with partner NHS Trusts and Universities in Sheffield, Loughborough, and London.

The National Centre forms part of the Olympic Legacy and presents a unique opportunity to transform the delivery of sport and exercise medicine (SEM) in the UK. It provides collaboration across disciplines and institutions to provide a centre of excellence for the delivery of SEM services within the NHS alongside knowledge translation across injury prevention, treatment and rehabilitation, and physical activity and exercise in the prevention, treatment and management of long term conditions.

These boosts to the recognition of SEM as a specialty have helped the specialty continue to grow with the establishment of a number of NHS Consultant posts, and growing interest amongst Undergraduates. Challenges remain however, with the current economic climate, and the move to Clinical Commissioning Groups.

This year some key documents relating to the benefits of exercise and engaging with SEM have been published, and are available to download from the Faculty website at: <http://www.fsem.co.uk/media-resources.aspx>:

Sport and Exercise Medicine: in a nutshell: A two-page snapshot of the specialty and the ways in which it can help public health.

Sport and Exercise Medicine: A Fresh Approach: Illustrating the very real need for greater numbers of Sport and Exercise Medicine specialists, 'Sport and Exercise Medicine: A Fresh Approach' outlines how the specialty delivers improved quality of care and productivity. It has been produced as part of a programme to promote Sport and Exercise Medicine in the NHS.

Exercise for Life: The Royal College of Physicians London report 'Exercise for Life' report sets out a series of recommendations and illustrates the importance of exercise in both the management and prevention of disease. It highlights the need for increased medical engagement in the delivery of exercise in injury and illness.

Exercise is Medicine: A useful factsheet on the benefits of exercise to health.

Michael England

Medical Council on Alcohol

For some years now I have represented the Faculty on the Medical Council on Alcohol (MCA). As I have an interest in the management of alcohol misuse at work, it is a role that I enjoy and it gives me opportunities to work with some of the leading figures in the field of alcohol misuse. In November I attended the MCA annual seminar. The theme this year was Alcohol and Adolescence. Public health physician Dr Ann Hope gave an excellent talk on adolescence and alcohol policy. She described the impulsivity and novelty-seeking characteristics of young people and illustrated how, in combination with alcohol use, this leads to injury, unprotected sex, acute alcohol poisoning, mental illness and suicide. Despite popular beliefs, starting alcohol use early is not a good move. Early onset of drinking increases the risk of dependency in adulthood. Professor Eilish Gilvarry talked on the treatment of alcohol misuse in adolescence. She referred to the government's Alcohol Strategy 2012. This includes, amongst other themes, local action and supporting individuals to change, which in occupational health we are well placed to put into practice.

In March, I attended the first meeting of Alcohol Research UK. Professor Sir Ian Gilmore spoke about how alcohol-related harm disproportionately affects the poor. Mark Bellis gave a talk on the alcohol harm paradox; the use of alcohol found from surveys is way below the amount sold. He also described how heavy drinkers underestimate their usage by not taking into account special occasions. For some this is just Christmas and birthdays but for others it can amount to 50 days a year with unusually high alcohol use.

Of particular interest was the talk by Stuart Linke and Paul Wallace about the on-line intervention "Down Your Drink". This was designed for use in primary care but is now being promoted in the workplace. Earlier this year I had met Don Schenker, Director of the Alcohol Health Network, who is also involved in on-line interventions. He is working on setting up a pilot of his project in a small number of NHS hospitals. He agreed to give a talk on the project at the Faculty Professional Briefing Day on alcohol misuse that I will be leading in April. I have also been able to enlist Professor Colin Drummond, of the National Addiction Centre at the Institute of Psychiatry and new Chair of the MCA, as the expert speaker at the event. The day is about what occupational physicians can do to help manage alcohol misuse in the workplace. Participants will learn how to: recognise alcohol problems in workers, properly assess different levels of alcohol misuse; and best ensure that workers are fit to return to work (and continue at work long-term) once they have received the treatment they need. I hope to convince my colleagues that these are perfect

examples of local action and supporting individuals to change which as occupational physicians we can deliver effectively.

Colin Payton

Royal College of Physicians (RCP) of London Committee on Ethical Issues in Medicine

The Committee is broad ranging and inclusive and has been set up to identify and advise the Royal College of Physicians on matters of ethics of particular concern to physicians and the public they serve. It is also there to respond to requests from individuals and public bodies for guidance on general ethical issues in medicine. The Committee is currently chaired by Professor John Saunders and has a wide membership including representatives of many of the medical specialties, lay members and professional and academic theologians, lawyers and the President and Registrar of the Royal College of Physicians. There is also representation from a variety of patient and carer groups. As can be appreciated with the wide-ranging remit any direct impact on occupational medicine practice will tend to be peripheral rather than direct.

The main themes of discussion for 2012 concerned: opinion and consultation documents pertaining to assisted dying, including the consultation document "Safeguarding Choice", and the physician's role; formulation of advice to the RCP Council on their approach to assisted suicide; organ donation and whether the UK should have a mandated choice system in place as an on-going issue and to consider a response to the Welsh Assembly's consultation on the Draft Human Transplantation (Wales) Bill; needlestick injuries; biased under-reporting of research; review of Research Ethics Committee Guidelines; cardiopulmonary resuscitation with reference to "Do Not Resuscitate" orders and the Liverpool Care Pathway. This is not an exhaustive list but gives an indication of the range of issues and the cross-cutting nature of most of these themes, although in 2012 the committee did not deal with any occupational medicine issues directly, apart from needlestick injuries in which the Faculty is well ahead of the RCP.

The Committee meets approximately four times a year although there is a significant amount of electronic dialogue and consultation in between meetings. 2012 was my sixth year on the Committee and continues to give me a fascinating insight into a broad range of issues outside of my normal practice.

Bob Jefferson

REPORTS FROM CONSTITUENCY TRUSTEES

Scotland

Occupational medicine continues to evolve and adapt to a changing evidence base, business needs, economy and political strategy. The outcome of the now confirmed 2014 Scottish Referendum on Independence may change things further.

Speciality training in Scotland is active. There are 11 trainees in post, split eight in the NHS and 3 in industry. Three trainees completed training in 2012 all progressing to substantive consultant posts. Following 'Reshaping the Medical Workforce in Scotland' there will be no reduction of total trainee numbers but the number of available posts will equal the number successfully completing training. There will be three vacancies in 2013.

Promotion of occupational medicine continues by involvement in undergraduate teaching, careers fairs, Foundation Year doctor teaching, GP fellow posts and GPST occupational medicine specialty training modules, developed by Alastair Leckie.

Over the year, I have been active on the Scottish Academy of Medical Royal Colleges ensuring occupational medicine is firmly engaged on relevant issues. Topics have included:

- workforce planning, ensuring sufficient occupational medicine specialty workforce;
- UK Shape of Medical Training Medical Training, ensuring sufficient training numbers;
- revalidation, where the role of OM in remediation is vital;
- professionalism and excellence, quality and patient safety. Both of these agendas have been advised of the role of occupational medicine in physician health and its impact on professional, safe and quality health care;
- the consultant appointment process.

A highlight of the year was The 4th POINTERS conference in Edinburgh in December co-hosted by the Faculty, Health Protection Scotland and the Infection Prevention Society. The meeting was well attended, as the imminent regulations on sharps injuries in health care to reduce health care worker exposure to blood borne virus was the main topic. Many Faculty members contributed to the organisation and delivery of this successful event.

The Society of Occupational Medicine Scottish Group held two successful Scotland wide educational meetings in 2012 and looks forward to hosting a joint meeting with the Faculty in autumn 2013, as the Scottish launch of the 5th edition of Fitness for Work.

Scottish Faculty members working within the NHS are reinvigorating the Scottish Occupational Physicians' Group (SOPG) which had lately lost momentum. Revitalised key aims have been enthusiastically agreed:

- to improve the quality of care to patients in NHS Scotland by improving the health of our NHS staff;
- to provide occupational medicine expertise within health care (NHS);
- to promote the delivery of quality and consistent occupational health services across NHS Scotland.

This will be done through:

- sharing of good practice;
- education/training;
- agreeing and setting standards;
- developing and encouraging research in health care occupational medicine;
- representation on national groups;
- providing a unified opinion on key issues;
- influencing the national agenda;
- actively engaging with other NHS Scotland occupational health stakeholders.

It is believed this is consistent with the Faculty's aim to represent and influence areas of occupational medicine practice and policy, ensuring optimal worker health.

Finally, occupational health providers in Scotland are embracing SEQOHS, with many already now successfully and happily accredited.

Mark Hilditch

Wales

In 2011, I reported that Welsh Government was considering options to augment the delivery of Occupational Health and Wellbeing in Wales in response to the report produced by the Ministerial Task and Finish Group chaired by Professor Sir Mansel Aylward in 2010. In July 2012 the Welsh Minister for Health and Social Services issued a statement with the following recommendations for Occupational Health provision within NHS Wales:

- the Occupational Health services of the Local Health Boards and Trusts should, in future, work as a network to enable better management of

- existing resources;
- the remit of Local Health Board Occupational Health services should be extended to cover primary care. This would reflect the integrated primary/secondary care basis of Local Health Boards;
- an NHS Wales Health, Work and Well-being Framework is to be developed, with clear indicators for Local Health Boards and Trusts to achieve. I expect Local Health Boards and Trusts would report annually on their progress against the Framework.

In addition, the Minister recommended further developing a Health for Health Professionals service in Wales and following a Welsh Government meeting of interested parties in 2012, a transitional service was implemented in late 2012 pending the establishment of a long-term service in 2013. Work to implement the other recommendations above continues.

Nationally, I have continued to represent the Faculty within the Academy of Royal Colleges in Wales providing occasional reports to Academy members about key issues for our specialty and also contributing to the work of the Academy including responding to 23 consultation papers in 2012. I have also continued as Chair of the Welsh Academy completing an extended three-and-a-half year term of office in December 2012 and I have led major reform of the Academy during a period of unprecedented change and continuing financial pressure within NHS Wales. One of my personal objectives as Chair was to increase understanding and insight about our specialty within the Academy and the other groups within which I represented the Academy and I am confident that this has been achieved.

Occupational medicine teaching in Cardiff and Swansea Medical Schools continues with input from the Faculty leads and postgraduate interest in our specialty remains encouraging particularly that shown at local careers fairs. Dr Huw Rees, STC Chair and Training Programme Director for Occupational Medicine in Wales, has undertaken a review of the current specialty training programme and options to develop more effective training rotations including mixed NHS and non-NHS trainees posts are under current consideration.

Mike Tidley

Northern Ireland

The Northern Ireland (NI) Faculty Affairs Forum

The current NI Faculty Forum membership is as follows: Dr Delia Skan (previous Board member for

NI), Dr Rodney Gamble (Regional Specialty Adviser), Dr Bill Jenkinson (Private sector representative), Dr Lorna Rodgers (Health services representative) Dr Denise Connolly (Trainee representative) and Professor Ken Addley (FOM Ireland representative).

Regional specialty recruitment

Dr Michael Morrin was appointed as Specialty Registrar in Occupational Medicine, working in OH Consultants in August 2012. Funding of posts and recruitment of doctors into the specialty remains an ongoing issue for the future of the specialty in the Province, however we have been able to gain one trainee through private sector funding and now therefore have two trainees in Northern Ireland.

Promotion of occupational medicine

Faculty members and colleagues continue to deliver occupational medicine teaching to General Practice Specialty Trainees on an annual basis and to undergraduates via the student selected component for third year medical students, twice each year. This is one of the largest SSCs held in the medical school and is a very popular first choice for medical students, gaining positive feedback.

Health for health professionals

Education sessions continue to be rolled out within the Deanery and Trusts to foundation and specialty programme directors on the management of doctors in difficulty, three times per year.

The numbers of doctors attending occupational health in Northern Ireland continue to rise and effective processes at local level are continuing to be developed.

We are continuing to explore the service provision for the management of doctors in difficulty through meetings with DHSSPS staff involved in the confidence in care initiative. In relation to trainees with health and disability concerns, the formation of a Deanery trainee support group/database at NIMDTA now has direct occupational medicine involvement at monthly meetings, with networking between regional occupational health services. This is creating a more consistent, effective Northern Ireland wide approach to the management of trainees with health and disability concerns.

We are developing networks and collaborative working with GPs via the formation of Trust associate medical directors in General Practice, initially in Belfast Trust, to be extended to other Trusts. Regular meetings with the associate medical directors are assisting moving forward in this direction.

Occupational Health Service for General Practitioners

The self-referral occupational health service for General Medical Practitioners and Dentists in Northern Ireland has been up and running since November 2011 and is being utilised fairly well; however we continue to promote the service.

Martin Tohill

Specialist/Specialty Registrars

Education and training

Examinations: Of interest to trainees, the third and fourth diets of the Part 2 examination for membership (MFOM) were held in February and October 2012; pass rates were 67% and 50% respectively. As the Part 2 is an exit examination, continual efforts are made by the Faculty to identify areas of concern. In 2011-2012, recurring areas of poor performance included clinical examination skills and occupational hygiene. These areas have been highlighted by the Director of Training in newsletters; trainees are encouraged to visit a variety of workplaces during their training, and find opportunities to practise clinical skills with help from their supervisors.

Dissertations: The Dissertation Training Day, organised in April 2012 by the Faculty (Dr Venables, Chief Examiner Research Methods and Sara Shortt, Training Co-ordinator, Dissertations) was well received by attending trainees. This one-day course provided the opportunity for trainees to present ideas and emphasised the importance of planning early in training (ST3). Late submission of dissertations has been identified as a significant cause of delayed completion of training and there has been a concerted effort to highlight this issue through the training newsletters to trainees and supervisors, Regional Specialty Advisers, and Deaneries. A detailed suggested timetable for use during ARCPs has been promulgated.

E-portfolio: This is due to be piloted in 2013 and it is hoped this will streamline our requirements for ARCPs and revalidation.

Influencing

Trainee communications: My predecessor, Dr Hazem Gallagher-Alagha, introduced the six-monthly Training Newsletter with Dr Ian Aston in December 2011. There has been positive feedback regarding newsletter content which addresses common concerns about training aspects. My thanks are due to trainees who have contributed articles to our newsletter. As the newly appointed Trainee Representative in August 2012, I sit on the Faculty

Board and Specialist Advisory Subcommittee, and attend meetings of the Regional Specialty Advisers, which ensures that the views of trainees and any issues they face are represented at a senior level. We are working on developing an e-forum to discuss topical issues and share resources.

Recruiting: Trainees have been active in assisting the Faculty's objective to recruit a new generation of occupational physicians. Involvement has ranged from promoting our specialty at Careers Fairs, offering elective placements for medical students, providing individual advice to potential applicants, and a MDDUS article for junior doctors in Scotland.

Academy Trainee Doctors' Group (ATDG): As a specialty with only 79 trainees, it is important to keep abreast of developments affecting doctors in training, given impending changes in the NHS and economic effects resulting in fewer training positions. As a member of the ATDG, I have been ably assisted by my Deputy, Dr Dan Ashdown. GMC publications that impacted our trainees include:

- revalidation – requirements for trainees will be covered by ARCP with an enhanced form.
- National Training Survey was generally positive, although accurate data is difficult to obtain as practices with fewer than three trainees were excluded.

Rae-Wen Chang

Affiliating Diplomates

In 2011 the Faculty's Trustees decided to appoint to the Board a representative for affiliating Diplomates. This was in recognition that Faculty members who are not specialists have an important role to play in the delivery of occupational health services and that the Faculty should ensure that the support and information it is offering meets the needs of this group.

It is recognised that affiliating Diplomates - whose diplomas may be in occupational medicine, disability assessment medicine or aviation medicine - are an experienced group with much to offer occupational health and patients. But I believe this is a group which has been a little neglected.

I was appointed to this position in September 2011. As a member of the Board, I have participated in the wide-ranging Board discussions and the general work of the Faculty. This has included assisting the Board with the process of revalidation as well as the other changes in the world of occupational health.

But more particularly, I proposed a review of services to affiliating Diplomates. I made a number of recommendations about changes to Faculty documentation, with a view to making it more relevant to Diplomates' needs, and also recommended that consideration be given to the running of meetings targeted at this group and perhaps the development of a system of mentorship.

I think there is opportunity for Diplomates to help promote a greater general understanding of occupational health and raising its profile. They also allow different opportunities for future research projects and general development of the specialty.

I will be standing down at the next Annual General Meeting and a new representative will take over for the forthcoming electoral year. Some changes have been made but there is much more that can be done with the development of this Board role, taking into account the views of the Diplomates.

I believe the creation and continuation of this representative position offers the potential for the Faculty to be more attuned to the educational and professional needs of its affiliating Diplomates and that they can play an important role in ensuring the longevity and development of the Faculty.

We stand on the brink of great change in occupational medicine and that will be ultimately for the good. It is essential that we involve of all who wish to practise occupational medicine in order to ensure the maintenance of standards and the wellbeing of the working population.

Brendan Dooris

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ANNEX 3

Award of Fellowship for 2012

Honorary	S Austin	S J Mitchell	J W P Preston
Dr K E Walker-Bone	RF Cordell	J K Moore	D R C Roomes
Mr L Waterman	M F Dyer	G Nicholson	
	D J Haldane	A Prentice	

ANNEX 4

Award of Membership for 2012

Winner of the 2012 Peter Taylor Award (for the best dissertation submitted):	S J Alam	A Jiwany	J Pranesh
Dr K L Targett	A M Bendomir	D R Johnston	K S Riederer
	R M Causer	O D Keyes-Evans	M Rosso
	A O Edet	M Khan	S D Roy
	E Gaal	F N Maimbolwa	I Rustom
	M B Grabicka	A Maqsood	A F Stern
	R D Hardman	P Milosevic	K L Targett
	H L P Hui	S M Nasir	A J S Thomason
	M E Jacklin	M L Patil	I K-H Torbohm
Winner of the 2012 William Taylor Prize (for the highest overall score in the Part 2 Membership examination)	Dr B P Lashbrooke		

ANNEX 5

Award of Diploma in Occupational Medicine for 2012

May 2012 examination				
O MAdebayo	N D Forster	S Kahtan	C McLennan	D S Seehra
N Al-Jafari	R B Gupta	M Khabiyev	W J Nixon	S Z Shah
A Bonavia	A Hart	A M Khan	A J Otley	A Suri
S J Brooks	A J Henderson	S H C Kong	S Padmanabhan	ST B Williams
B Cant	R Hopkins	P MacDonald	R Peters	I L Wolan
P D Cregor	A Hussain	P W MacFarlane	S N Pillai	A J Wrigley
C Du Toit	M I Jones	Y Maharaj	O Rea	C D Youell
JV Evans	J Kachapilly Johnson	Y Mahmood	T M Saha	
No of candidates sitting (able to pass full diploma at this sitting): 52				
No of candidates passing: 39				
Percentage passing: 75%				
November 2012 examination				
S J E Anderson	M Drijfhout	H Mackay	I A Obuaya	I G Smith
O Asatiani	R Giridhar	L Madzinga	N R Paish	M R Smith
M Aslam	S R Gupta	A A Malek	V A Paul-Ebhohimhen	N A A Stam
S Basu	J M Harrison	M E McGavigan	B M Paver	R E Swigelaar
L Braddick	J D P Hudson	K A McNeil	U Sarkar	D L Wells
T David	C Leeds	S Nagurkhani	S Scott	R J Wood
F Delisser-Wiltshire	K M Lithgow Smith	P J Nerney	L Slaney	J E Young
No of candidates sitting (able to pass full diploma at this sitting): 47				
No of candidates passing: 35				
Percentage passing: 74%				
Winners of the 2012 awards for the highest overall scores			Dr K M Lithgow Smith	
			Dr P W MacFarlane	
			Dr K A McNeil	

ANNEX 6

Award of Diploma in Aviation Medicine for 2012

A F Abd Rashid	P M Dalrymple	A Mungai	R S Patel
M F Ahmad	H I Langille	S J Ong	S J O Potter
B Bains	E A McGinniss	O M Owolabi	A O Talabi
No of candidates sitting: 17			
No of candidates passing: 12			
Percentage passing: 71%			

The following prizes are awarded by the Faculty-approved Kings College London (KCL) DAvMed course

Winner of the Stewart Memorial Prize (awarded by the Stewart Memorial Trust for the best examination performance from a student on the KCL DAvMed course)
Dr H I Langille
Winner of the Barbara Harrison Memorial Prize (awarded by British Airways to the student of the KCL DAvMed Course who has demonstrated commitment to others and determination to succeed throughout the course and in gaining the Diploma)
Dr H I Langille



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