



fom

Faculty of Occupational Medicine
of the Royal College of Physicians



Annual Report and Accounts

2013

Charity Commission No 1139516
Scottish Charity No SCO400060
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 2013

Contents

REPORTS	Executive Summary.....	1
	Introduction.....	3
	Board of Trustees, Officers and other key appointments.....	5
	Principal advisers.....	8
	Reference and administration information.....	9
	Structure, governance and management.....	10
	Objectives and activities.....	12
	Influencing.....	13
	Education, training and specialist accreditation.....	15
	Quality improvement.....	18
	Expanding evidence-based research.....	22
	Maintaining a sustainable and committed organisation.....	23
	Finance review.....	26
	Objectives for 2014.....	29
	Statement of trustees' responsibilities.....	30
ANNEX 1	Audited accounts for the year ended 31 December 2013.....	31
	Independent auditor's report.....	32
	Statement of financial activities.....	34
	Balance sheet.....	35
	Notes to the financial statements.....	36
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 2013		
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 reviewers and dissertation assessors in 2013.....	46
	Reports from representatives on other bodies.....	56
	Reports from constituency elected Trustees.....	59
	Scotland.....	59
	Wales.....	59
	Northern Ireland.....	60
	Specialist/Specialty Registrars.....	61
	Affiliating Diplomates.....	62
ANNEX 3	Award of Fellowship for 2013.....	64
ANNEX 4	Award of Membership for 2013.....	64
ANNEX 5	Award of Diploma in Occupational medicine for 2013.....	64
ANNEX 6	Award of Diploma in Aviation medicine for 2013.....	65

Whilst this is a review of the year January – December 2013, there will be occasional reference to activities in early 2014, where appropriate.

EXECUTIVE SUMMARY

A new single organisation for occupational health

The Faculty Board made an agreement in principle with the Society of Occupational Medicine that, subject to the approval of the members, the two organisations should together form a new body for occupational health. During 2013 this concept has been significantly developed, with extensive consultation with members and other stakeholders. The plan is for this proposition to be put to a membership vote in the summer of 2014, with a view to launching the new organisation in autumn 2015.

Influencing

In order to raise the profile of occupational health and its importance to healthy working lives, the Faculty focused on:

- Seeking to influence development of the Health and Work Service through discussions with Government and the publication of a position paper
- Publishing the fifth edition of *Fitness for Work*, which was highly commended in the British Medical Association's 2013 Medical Book Awards
- Working with public health colleagues to create joint working, in particular scrutinising and seeking to enhance local Joint Strategic Needs Assessments
- Developing and promoting occupational health workforce planning, through the Council for Work and Health and Government channels
- Extending and reprinting 'Common work-related health problems' for primary care practitioners, recognising they are the first port of call for patients
- Running four conferences, including an innovative and well-attended event on hidden disabilities in the workplace

Education

The Faculty continued its essential core work in specialty training and qualifications but also:

- Gained broad agreement to the establishment of a new national school of occupational health, to act as a national hub (for England in the first phase, but with an open invitation to the other nations) for training in occupational medicine, and, in due course, for the wider field of occupational health
- Redoubled its efforts to raise awareness of occupational medicine as a career through travelling fellowships and awards for electives for students, as well as by attending careers fairs
- Considered the likely impact of the General Medical Council's (GMC's) review, 'The Shape of Training', with plans to be actively involved in the next stages

- Ran four professional briefing days for members, covering upper limb disorders, clinical audit, alcohol problems and mental health
- Provided a coaching day for Faculty Associates on applying for the GMC specialist register through the 'CESR' route (Certificate of Specialist Registration)
- Offered four training days on 'Health for health professionals'

Quality Improvement

The Faculty's has two main areas of quality improvement work:

- The SEQOHS (Safe Effective Quality Occupational Health Service) accreditation system for occupational health services continued to grow, with 127 services registered and a further 197 working through the accreditation process. Development work was commenced in two key areas: exploring the applicability of SEQOHS to occupational health physiotherapy services; and considering how SEQOHS can best meet the needs of occupational health in the construction industry
- The HWDU (Health and Work Development Unit) uses evidence-based quality improvement techniques to support improvements in workplace health. Its work in 2013 focused on: national clinical audits on the management of back pain and long-term sickness, and on record keeping, as well as worker experience surveys and implementation training and support; and the second audit round based on NICE public health guidance for the workplace

Revalidation

2013 was the first full year for the revalidation of doctors. Named as a designated body, the Faculty was required to develop all the necessary systems, to be both compliant with the law and regulations, and also practicable for occupational medicine. Following two years of careful planning, the revalidation system has now been operating effectively for a year, with 323 doctors revalidating through the Faculty, and 42 recommendations made to the GMC in the first 12 months.

Expanding evidence-based research

The Faculty conducted a survey and is consequently planning to reconvene the Academic Forum for Occupational Medicine and Health in 2014, to progress this workstream.

Maintaining a sustainable and committed organisation

- Membership fell slightly in 2013 from 1547 to 1532; the Faculty is working proactively to increase recruitment into training and to improve retention of members
- The new website has continued to be developed, as needs change and expand
- Consideration is being given to purchasing rather than renting after the next office move; this will be subject to the talks about a new organisation
- The Faculty made a healthy surplus in 2013 which was greater than budgeted for

INTRODUCTION

2013 was a year of significant developments for the Faculty. We contributed to the development work for a government-funded Health and Work Service which will be launched in 2014. The ground work to make possible the creation of a single organisation for occupational health was undertaken. Excellent progress was made to establish a national school of occupational health. Our first operational year of revalidation went very well.

The government's response to the Black and Frost review of sickness absence included a commitment to introduce a service to provide an occupational health assessment in order to provide a return to work plan for working people off sick more than four weeks. The development work was undertaken primarily by the Department for Work and Pensions during 2013. The Faculty contributed ideas and emphasised the importance of service provision being of a high quality.

The idea of a single organisation for occupational health gained an enormous amount of momentum this year and much work was done to make it a realistic possibility. The initial steps have primarily involved the Faculty and the Society of Occupational Medicine. We have considerable interest from other occupational health professional groups. We expect to be inviting members to vote on this in August-September 2014. We have discussed this with groups of members through roadshows, webinars and other meetings. We will continue to keep our members updated and informed about the latest developments as they progress.

The proposal that a new national school of occupational medicine should be established was taken forward with key stakeholders. This will come to fruition in 2014, initially for England only. We hope that it will be extended to the other countries of the UK in the near future.

As most members will be aware, the Faculty of Occupational Medicine is one of the very few colleges and faculties which are formally named as a designated body for the purposes of revalidation. The necessary systems to support the 300+ revalidating doctors have been put in place. This has been a complex task. The system is fully operational now. At the end of 2013 more than 30 doctors have been revalidated. We continue to be alert to the need to ensure legal compliance whilst listening to members' concerns.

SEQOHS, the accreditation scheme for occupational health services, now has over 100 units accredited and many more currently undergoing the accreditation process. 2014 will see a review of SEQOHS standards, in line with our plans made in 2010.

Our other scheme for quality improvement is the Health and Work Development Unit (HWDU), a partnership with the Royal College of Physicians. The HWDU's work this year has included the second round of audit of the use in NHS trusts of public health guidance in the workplace and the launch of audit programmes on long-term sickness and record-keeping standards.

Our conferences in 2013 included the London launch of the fifth edition of our impressive publication *Fitness for Work*; the annual scientific meeting; 'Hidden Disabilities', held in Manchester; and the Scottish launch of *Fitness for Work*, held jointly with the Society of Occupational Medicine Scottish Group in Edinburgh. I would like to congratulate Keith Palmer, Ian Brown and John Hobson as the editors of *Fitness for Work*. The book was highly commended in the British Medical Association's 2013 Medical Book Awards.

2013 saw the roll-out of our new programme of Professional Briefing Days, which covered upper limb disorders, mental ill-health at work, alcohol misuse at work and clinical audit. A number of other training projects include the Health for Health Professionals programme and training for Associates ('AFOMs') seeking entry to the General Medical Council through the CESR (Certificate of Eligibility for Specialist Registration) route.

2014 promises to be at least as busy as 2013. We will continue to contribute to the very exciting development of a government funded Health and Work Service. There will be intensive work on the single organisation and the national school for occupational health. Other work programmes include the review of the SEQOHS standards



and a review of the needs of, and support for, affiliating Diplomates.

During 2014 we shall see a change of President; I will be succeeded by Dr Richard Heron. I know that he will lead us with skill, energy and a strong sense of direction. I will have the opportunity to thank you for supporting me during my three year tenure as President on 28 May 2014 at the Annual General Meeting. As I end my report I would like to thank all of our members who have contributed their time, knowledge and efforts to the Faculty's work in 2013. I am extremely grateful to all of you for your work.

Olivia Carlton
President

MESSAGE FROM THE PRESIDENT-ELECT

With just a short while to go before I take over as your President, I am keen to hear your views on the leadership priorities for the Faculty over the next three years. I have set out four commitments below and will need your help and that of our Board to deliver on them.

Undoubtedly, one of my first challenges is to strengthen our influence with leaders in government, regulatory and health bodies. We are a small specialty, who continues to punch above our weight. Our modus operandum is multidisciplinary, and for too long we have suffered from the absence of a single, powerful and influential voice. **I am committed to presenting you with proposals for a 'Single Organisation' for Occupational Health in the UK.** I do not see this as the solution to our challenges, but I do see it as an essential step.



I see occupational physicians as pivotal in protecting and enhancing the health of the working-age population. We are at a critical inflexion point, as a Faculty. With over half our members over 55 years of age, it is essential that we refresh our Faculty and attract the brightest graduates into occupational medicine. **I am committed to reversing the downward trend of trainees in training posts.**

In my current role, I am often asked how we can make it more straightforward for overseas graduates to sit our examinations. Our qualifications bring a high degree of credibility to those who seek to demonstrate their competence in occupational medicine. **I am committed to increasing the number of people taking our examinations over the next three years.**

We are the only specialty that can enhance the productivity of our nation and ensure this is not at the expense of worker health. With an ageing workforce, our skills are imperative to support those who are out of work, and adapting working environments to accommodate people whose long-term conditions were once seen as a one-way ticket out of the workforce. It is essential that we work closely with our public health colleagues to demonstrate the value we bring to worker health in workplace settings. **I am committed to increasing the visible partnership between occupational and public health specialists to drive improvements in the health of the working age population.**

I welcome your support and ideas as I seek to live up to these commitments. I will be measuring our progress against them and reporting to you.

Finally, thank you to all who are already giving service to our Faculty. I invite more of you to get involved, and shape the future Faculty.

Richard Heron
President-Elect

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 2013:

Dr Olivia Carlton	President
Dr Richard Heron	President-Elect (from 28 November 2013)
Professor Raymond Agius	Universally elected member (to 15 May 2013)
Dr Ian Aston	Co-opted member (Academic Dean & Deputy President) (from 15 May 2013)
Professor Sherwood Burge	Representative of the Royal College of Physicians
Dr Rae-Wen Chang	Elected representative of Specialist/Specialty Registrars
Dr Brendan Dooris	Co-opted member (affiliating Diplomate) (to 15 May 2013)
Dr Jim Ford	Universally elected member
Dr Imran Ghafur	Universally elected member
Professor David Gradwell	Co-opted member (aviation medicine)
Dr Mark Groom	Co-opted member (Treasurer)
Mrs Barbara Harrison	Lay representative nominated by the Confederation of British Industry
Dr Mark Hilditch	Elected representative of Scotland
Dr Sue Hunt	Universally elected member (from 10 July 2013)
Dr Ray Johnston	Co-opted member (Registrar & Deputy President)
Dr Ioana Kennedy	Universally elected member
Dr Jim McLaren	Elected representative of affiliating Diplomates (from 15 May 2013)
Dr Graeme Nicholson	Elected representative of Regional Specialty Advisers
Ms Sarah Page	Lay representative nominated by Trades Union Congress
Professor Keith Palmer	Co-opted member (Academic Dean & Deputy President) (to 15 May 2013)
Dr Julia Smedley	Universally elected member (to 15 May 2013)
Sir Richard Thompson	President, Royal College of Physicians
Dr Mike Tidley	Elected representative of Wales
Dr Martin Tohill	Elected representative of Northern Ireland
Dr Ian Torrance	Universally elected member (from 10 July 2013)
Dr Peter Verow	Universally elected member

Officers

Except where indicated, the following held office throughout 2013:

Dr Ray Johnston	Registrar (Deputy President)
Professor Keith Palmer/Dr Ian Aston	Academic Dean (Deputy President) (to/from 15 May 2013)
Dr Mark Groom	Treasurer
Dr Ian Aston/Dr Jayne Moore	Director of Training (to/from 15 May 2013)
Gp Capt David McLoughlin	Director of Assessment
Dr Simon Sheard	Director of Quality Improvement
Ms Nicky Coates	Chief Executive

Other key appointments

Dr Jayne Moore/Dr Jon Spiro	Deputy Director of Training (to 15 May/from 15 July 2013)
Dr Nick Cooper	Deputy Director of Assessment
Dr Dipti Patel	Deputy Director of Professional Development
Dr Alan Bray	Chief Examiner Part 2 MFOM
Dr Shaun Austin	Deputy Chief Examiner Part 2 MFOM
Dr Steve Boorman	Chief Examiner DOccMed
Dr Lucy Wright	Deputy Chief Examiner DOccMed
Dr Sylvia Awbery	Chief Examiner DDAM
Wg Cdr Matthew Lewis	Chief Examiner DAvMed
Dr Sally Evans	Deputy Chief Examiner DAvMed
Dr Katherine Venables	Chief Examiner Research Methods
Dr Richard Preece/Dr Steve Nimmo	Deputy Chief Examiner Research Methods (to/from 10 April 2013)
Dr Lucia Batty	Chief Examiner Workplace-Based Assessments (WBA)
Dr Steve Nimmo	Chief Examiner Hand Arm Vibration Syndrome (HAVS)
Dr David Flower	Responsible Officer for revalidation
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, 15 May 2013:

From left to right:

Back row: Ian Aston, Ioana Kennedy, Graeme Nicholson, Mark Hilditch, Mark Groom, Jim Ford,
Front row: Sarah Page, Olivia Carlton, Ray Johnston

Board members not present:

Sherwood Burge, Rae-Wen Chang, Imran Ghafur, David Gradwell, Barbara Harrison, Jim McLaren, Sir Richard Thompson, Mike Tidley, Martin Tohill, Peter Verow

PRINCIPAL ADVISERS

Bankers:

Lloyds 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

Virgin Money
Jubilee House
Gosforth
Newcastle-upon-Tyne
NE3 4PL

Solicitors:

Hempsons
Hempsons House
40 Villiers Street
London
WC2N 6NJ

Auditors:

Crowe Clark Whitehill LLP
St Bride's House
10 Salisbury Square
London
EC4Y 8EH

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 5-6. Particulars of the Faculty's professional advisers are given on page 8.

The Faculty Board presents its annual report for the year ended 31 December 2013 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 information for trustees, 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, and risk management.

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 staff and Officers of the Faculty, the latter forming the Executive Committee which has 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.

During 2013 there were four 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, and to constituency elected Board members.

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 influencing 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.



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 2013, together with impact reports are set out under the following five headings: influencing; education, training and specialist accreditation; quality improvement; expanding evidence-based research; and maintaining a sustainable and committed organisation. Objectives for 2014 are set out on page 29.

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.

The Faculty continued to focus 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 high-profile national health and work agenda.

The work with Government has concentrated on the development of the Government's proposed new Health and Work Service. The Presidents and Chief Executives of the Faculty and the Society of Occupational Medicine have together met Government officials to discuss this and to provide updates on other key issues. Early in 2014, the Faculty and Society issued a joint position statement on the Health and Work Service, emphasising the need for the scheme to adhere to high standards of practice.

The Faculty has also been working on a joint project with the Faculty of Public Health and the Association of Directors of Public Health, one of the aims of which is to review and advise on Joint Strategic Needs Assessments, with a view to ensuring that they take account of the work of the local working population.

The Board has given high priority to continued focus on workforce matters and in particular the shortage of occupational physicians. The Faculty was concerned that the Centre for Workforce Intelligence removed occupational medicine from the list of shortage occupations, in spite of the Faculty presenting documented evidence of the problem. The Faculty has also redoubled efforts to attract new trainees, targeting medical students and medical schools through careers fairs and other means, as well as doctors with a part-time interest in occupational medicine and general practitioners (GPs). The awards to fund electives funded by Mobbs Corporate Health and ExxonMobil for undergraduates have attracted some excellent applications, providing students with

an insight into occupational medicine as a career prospect. The Faculty wishes to thank both Corporate Health and ExxonMobil for this valuable support.

Recognising that GPs are usually the first port of call for patients with health and work problems, and also that potential trainees are often recruited from general practice, the work to raise awareness within primary care has continued. The booklet based on articles commissioned by the Faculty for Pulse magazine was extended and a new edition printed. There are plans for making optimum use of this with the GP community during 2014.

A major achievement of the year was the publication of the fifth edition of *Fitness for Work*. Widely recognised as the bible for occupational health practitioners, *Fitness for Work* was edited by Keith Palmer, Ian Brown and John Hobson.

To mark the publication of *Fitness for Work* two launch events were held: one in March in London, and one in September in Edinburgh, the latter held jointly with the Society of Occupational Medicine Scottish Group. In May, the annual scientific meeting discussed the interaction between occupational medicine and three other partner disciplines: psychiatry, general practice and public health. The Faculty's winter conference on 'Hidden Disabilities', held in Manchester in December, took a closer look at the treatment of lesser-known conditions that affect those in the workplace. With six workshop sessions as well as the plenaries, the conference was very well received. Full reports of all conferences are available on the website. There will be another busy programme of events for 2014: as well as the annual meeting, there will be the autumn conference, on quality improvement, in Birmingham in September, and the winter conference, to be held in London in December, which will celebrate the 40th anniversary of the Health and Safety at Work Act.

Objectives for 2013: 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	<ul style="list-style-type: none"> Regular meetings were held with the Department of Health and also with the Department for Work and Pensions, focussing on the proposed Health and Work service
Potential trainees to the specialty, to encourage recruitment	<ul style="list-style-type: none"> Five student electives were awarded Six careers fairs were attended: (Royal College of Physicians' Medical Careers Day; St George's, University of London; Imperial College; Nottingham University and the BMJ Careers Fairs; and the London Deanery Careers Conference) A new flyer for medical students was planned
General practitioners, to increase awareness of occupational health and the specialty	<ul style="list-style-type: none"> The booklet of eight articles on common work-related health problems, originally commissioned for Pulse (GP) magazine, has been revised and reprinted. Over 300 have been sent out and plans are in hand to optimise its use
And liaise proactively with other medical specialties, especially public health, to increase awareness of occupational health and the specialty	<ul style="list-style-type: none"> There has been liaison with public health; in particular, the Faculty of Public Health and Association of Directors of Public Health, looking at how the Joint Strategic Needs Assessment can engage public health plans with the local working age population Faculty representatives participate in a Royal College of Psychiatrists' special interest group

Also:

Investigate further the potential for greater influencing capacity through closer working with the Society of Occupational Medicine (SOM), including consideration of forming a single organisation	<ul style="list-style-type: none"> There has been close co-operation with SOM on appraisal and revalidation Considerable progress has been made on assessing the potential for 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	<ul style="list-style-type: none"> Meetings have been held with Macmillan Cancer and Alcohol Concern UK; the latter provided a session at the Faculty's 'Hidden Disabilities' conference
Develop a communications strategy – in consultation with SOM	<ul style="list-style-type: none"> Communications have been focussed on revalidation and the single organisation
Define the unique selling point of the occupational physician, both working alone and within the multidisciplinary team	<ul style="list-style-type: none"> The role of the occupational physician and other health professionals is being covered within a workforce planning project under the aegis of the Council for Work and Health
Optimise Faculty membership of the Academy of Medical Royal Colleges, Royal College of Physicians, Council for Work and Health and the President's participation in networks	<ul style="list-style-type: none"> The President, or her appropriate Deputy, attends relevant meetings whenever possible

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

Review of specialty training

The General Medical Council (GMC) completed its review into standards of specialty training in February 2013. The Faculty presented the response to the GMC report in the form of an improvement action plan. The main initiative of the response is to formally establish a single school and deanery to supervise all the trainees; this will initially be for England, but in the longer term it is intended to include the entire UK including trainees in the armed forces. This was presented to a meeting of the English Postgraduate Deans in September 2013 and the plan to establish a single, national school for occupational medicine was agreed.

Many of the points identified in the GMC report will be addressed by a national school, hosted by a Local Education and Training Board (LETB).

A National School Implementation Group has been set up to establish a suitable structure and to oversee implementation. There are representatives from a variety of groups on the Implementation Group, including Professor Liz Hughes, Lead Dean for occupational medicine, and a representative from Health Education England (HEE). HEE expects the school to be multi-professional and funds have been agreed to cover the work involved in the initial phase of the national school. The plans for national recruitment are well advanced with a recruitment exercise in April 2014, leading to new trainees starting their posts in August 2014.

An update on the progress with the action plan was sent to the GMC in October 2013.

Indicators of training outcome

There continue to be delays by some trainees in completion of training with the award of Certificate of Completion of Training (CCT). The delays occur later in the training programme and nearly all of these are due to late submission of the dissertation; again it has been emphasised that the start to the dissertation should be in the early part of training. Extensions to training time are very common in occupational medicine and trainees have been made aware that extensions to training are becoming increasingly more difficult as LETBs have very tight budget constraints. 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, the Conference of Postgraduate Medical Deans (COPMeD), Annual Review of Competence Progression (ARCP) panels, trainees and supervisors.

There was a diet of the Part 2 Membership (MFOM) examination in June 2013, with 23 candidates; the overall pass rate was 70% but the examiners commented that the clinical examination and occupational hygiene were the areas where candidates performed poorly.

External Workplace Based Assessments (WBAs) were discontinued in mid-2013 as the outcomes were rarely reported to the Faculty, and other Royal Colleges and Faculties do not use them.

Recruitment

Previous reports have highlighted the progressive reduction in the number of trainees entering the specialty. The annual number recruited is only about half that which is required to maintain the existing numbers of specialists. The Faculty has maintained attendance at careers fairs, and via the leads for occupational medicine within each medical school, continues to advertise the specialty.

Curriculum changes

The Faculty sent an application to the GMC to alter the approved registered occupational medicine curriculum to include child protection, and also reduce the necessary time spent in general practice prior to entry to an approved programme for occupational medicine training.

Responsible Officer and revalidation

Revalidation started on 3 December 2012 and doctors with a licence to practise must have a prescribed connection with a designated body. The Faculty is a designated body in the Responsible Officer Regulations. A total of 323 members have a prescribed connection to the Faculty and Dr David Flower is their Responsible Officer. In addition, nine other designated bodies have contracted with the Faculty to access its Responsible Officer. In the first 12 months after the start of revalidation, 42 doctors had been recommended for revalidation and there had been three deferrals. A Revalidation Governance Subcommittee has been established to oversee all the processes relating to the Responsible Officer. The workload to establish the processes has been considerable, and thanks must go to the Faculty staff for working very hard to successfully undertake what has been a much larger than predicted volume of work.

Shape of Training Review

'The Shape of Training' review, under the guidance of Professor David Greenaway, was established in 2012 by the GMC to examine postgraduate medical training in general. The review took evidence from many areas, Royal Colleges and Faculties, deaneries, trainees and trainers. The Faculty provided both written and oral evidence to the panels. The final report was published in October 2013 and it proposes significant changes to the training of specialists. The exact impact of the review on occupational medicine training is unclear at present; however, the Faculty will be actively involved in the next stages of discussion and planning.

Other matters in training and education

The Faculty has put on four professional briefing days. These have been regarded as very successful and highly valued by the members attending.

A very useful training day for examiners (83 in total) for all Faculty examinations was held in London in January 2014 with updates from all the chief examiners, and breakout sessions in the afternoon. The Faculty has now established observation of examiners in the Part 2 MFOM examination with immediate feedback. This helps the Faculty ensure, and demonstrate, examiners are objective and fair.

The Faculty made a significant contribution to the development of an Academy of Medical Royal Colleges (AoMRC) position paper on examining candidates with disabilities. The paper has been endorsed by the medical Royal Colleges and other Faculties.

A coaching day for Associates and others wanting to learn more about the requirements for applying for entry onto the GMC specialist register through the CESR/Article 14 (Certificate of Eligibility for Specialist Registration) route was held in October. This was well received and will be repeated if there is sufficient demand.

The Faculty was about to engage with National Education Scotland (NES) to establish a trainee e-portfolio, but in July 2013 NES underwent a business review which has stopped any further new development work. The Faculty is continuing to look for organisations which can provide a trainee e-portfolio at reasonable cost.

The Health for Health Professionals (HHP) training programme has continued under the guidance of Debbie Cohen, further raising the awareness of issues to be considered when health professionals are sick. Further to initial Department of Health funding, the programme is now self-funded through

delegate registration fees, to cover travel expenses for the HHP leads, as well as for expert speakers and facilitators. The leads are supported by a group of 'champions': Debbie Cohen (Faculty lead/Wales); Hamish Paterson (Faculty lead/North East); Sally Coomber (East of England); Ali Hashtroudi (London); Mark Hilditch (Scotland); Evie Kemp (Oxford); Reza Naghavi (London); Fiona Page (North West); Martin Tohill (Northern Ireland); and Peter Verow (Midlands). The group meets to review the training programme, discuss ways to improve access and to work towards shared pathways in the treatment of doctors. Group members were chosen to cover a wide geographical area with the aim of providing the Faculty training regionally using local links. In 2013, four training days were run at the Faculty's offices; three 'core competency' days, designed to cover the competency framework (as laid out by the Faculty jointly with the Association of National Health Occupational Physicians (ANHOPS)) and one 'advanced skills' day on communication skills, designed around feedback from delegates about particularly challenging areas of practice. Around 100 occupational physicians have received the core competency training since 2010.

The Academic Forum for Occupational Medicine did not meet in 2013, but a meeting is planned in spring 2014 to agree how to progress this workstream.

Keith Palmer demitted office at the Annual General Meeting (AGM) last year, and immense thanks must be given to him for his wisdom and leadership as Academic Dean. He still has a short-term role as a representative on the Implementation Group for the development of the single school. Jayne Moore was appointed as Director of Training last year at the AGM to provide a leadership role in the ever changing area of training.

Jon Spiro has continued to lead the CESR (Certificate of Eligibility for Specialist Registration) group. He has also taken on the role of Deputy Director of Training. Dan Ashdown has been appointed deputy Trainee representative to support Rae Chang.

In addition to his work leading on Hand Arm Vibration Syndrome (HAVS), Steve Nimmo took on the role of Deputy Chief Examiner Research Methods, succeeding Richard Preece following the resignation of Richard Preece at the end of 2012, after 18 months in this role.

Objectives for 2013: 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	<ul style="list-style-type: none"> Specialty training was reviewed regularly at biannual meetings of the Specialty Advisory Subcommittee External Workplace Based Assessments were discontinued as a result of an audit completed in 2012 Oral and written evidence was given to the General Medical Council's (GMC's) 'Shape of Training' review
Continue to work towards systemic changes to specialty training which could enhance recruitment with a particular focus on creating a single deanery and rotational training	<ul style="list-style-type: none"> Agreement was reached with the Lead Dean for occupational medicine and the English Deans for establishment of a national school. This was supported by Health Education England (HEE) and the GMC. Deans in Scotland, Wales, Northern Ireland and defence services have been informed and wish to keep a watching brief. An Implementation Group has been established and plans are in place for the national school to be operational by mid 2014, subject to HEE final approval
Create a trainee e-portfolio system	<ul style="list-style-type: none"> Part way through negotiations, the supplier ceased this type of work. A new supplier is being sought
Ensure the Responsible Officer system becomes operational and is legally compliant	<ul style="list-style-type: none"> The Responsible Officer (RO) system is now fully operational and compliant with regulations. By the year end, over 300 individuals had registered to access the Faculty's RO and over 30 recommendations had been made
Develop an action plan to comply with General Medical Council (GMC) requirements	<ul style="list-style-type: none"> The action plan was submitted and accepted

Providing non-specialists with areas of occupational medicine expertise:

Provide and promote educational opportunities to general practitioners	<ul style="list-style-type: none"> The booklet of eight articles on common work-related health problems, originally commissioned for Pulse (GP) magazine, has been revised and reprinted. Over 300 have been sent out and plans are in hand to optimise its use
Explore new potential educational projects and develop where appropriate	<ul style="list-style-type: none"> Discussions have been held on two new potential areas of development
Contribute to standard setting for occupational health nursing and allied occupational health professionals	<ul style="list-style-type: none"> This is being progressed through the Council for Work and Health

QUALITY IMPROVEMENT

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

As would be expected by the nature of Quality Improvement (QI) its agenda continues to evolve, influence and be influenced by all activities of the Faculty. This was reflected in considerable time being spent at the October Board and Executive Away Day on what the Faculty needs from its QI agenda.

An example of how all activities impact on QI would be the excellent work on revalidation which has brought benefits for all members of the Faculty in the form of multi-source feedback documentation and other best practice tools which are now universally available.

The largest part of the routine QI workstream has been ongoing engagement with and promotion of the work of the Health and Work Development Unit (HWDU) and of the Safe Effective Quality Occupational Health Service (SEQOHS) standards and accreditation.

The revision of the SEQOHS standards is now well under way. We are taking the opportunity to see how we might open the standards up to a wider audience and to this end are working closely with the Royal College of Physicians, which manages the accreditation scheme on behalf of the Faculty, to ensure that the needs of the Faculty membership (current and potential new groups in any single organisation) both in the UK and also overseas might be accommodated where practicable.

The Faculty has promoted HWDU audits wherever practicable and, acknowledging the unit's considerable experience, is currently seeking to understand how it can better involve HWDU more and more in day-to-day Faculty activity and influencing.

Activities for 2014 will include a meeting of interested parties to map the various and potentially overlapping spheres of HWDU, SEQOHS, and Management of Health at Work Knowledge (MoHaWK) with the aspiration to provide members and other interested parties with clear guidelines on how to get the best out of each organisation and so maximise their influence. Secondly the Faculty's autumn conference takes QI as its theme and will use this opportunity to further understand what various stakeholders need and value in improving the quality of their day-to-day work.

Health and Work Development Unit (HWDU)

The Health and Work Development Unit (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. HWDU uses evidence-based, quality improvement techniques to support improvements in workplace health and wellbeing. It does this through a programme of guideline development, national clinical audit to support occupational health clinicians improve their practice, and work at organisational level to support implementation of National Institute for Health and Care Excellence (NICE) public health guidance for the workplace.

In addition HWDU works to raise the profile of occupational health practice and workplace health and wellbeing more broadly. In 2013 HWDU worked closely with NICE, promoting its guidance and lobbying NICE to develop new guidance topics relevant to the workplace.

The national occupational health quality improvement programme

The national occupational health audits have run in the NHS for six years, achieving high participation rates. Complete audit cycles have shown significant improvements in practice.

In the last year central funding for health and work projects, including national audits, has become difficult to secure. To allow the established programme to continue and expand so that occupational health clinicians in all industry sectors can participate, in 2013 HWDU launched a subscription-based, national occupational health quality improvement programme.

The programme includes national clinical audits (back pain management and long-term sickness absence management – with a focus on depression detection) a record keeping audit, worker experience surveys and implementation training and support. The programme is supported by an audit development group whose membership reflects the diversity of occupational health practice. HWDU liaises with the Faculty and SEQOHS to ensure that the audits support both doctors preparing for revalidation, and occupational health services preparing for and maintaining SEQOHS accreditation.

Audit of NICE workplace guidance

HWDU also runs an organisational audit aimed at implementing NICE public health guidance for the workplace (covering obesity, smoking cessation, mental wellbeing, physical activity and sickness absence management). During 2013 HWDU ran round two of this audit. 178 (73%) NHS trusts in England participated.

Results show that progress has been made in most topic areas; however this is often slow, and the obesity guidance is the least well implemented. For example, NHS trusts in England do not always offer healthy food choices in staff restaurants, and are much less likely to do so in the evenings and overnight. HWDU held a launch conference in January 2014 to present the findings and examples of good practice.

During 2014 HWDU will concentrate on the national occupational health quality improvement programme, developing further support for the occupational health audit participants with webinars, workshops and online tools. HWDU welcomes all questions and feedback and can be contacted at: sian.williams@rcplondon.ac.uk.

Occupational health service standards for accreditation (SEQOHS)

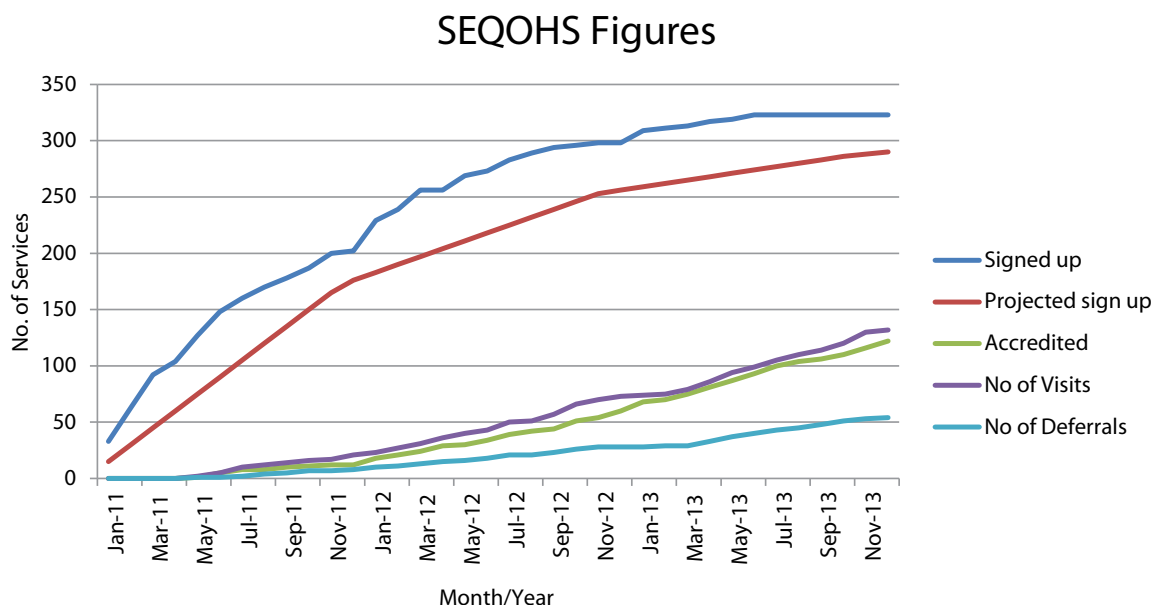
The SEQOHS Accreditation Scheme, led by Clinical Lead, Dr Sally Coomber, and managed by Darran Cahill and, more recently, Oliver Campbell at the Royal College of Physicians, is a scheme based on the principle of independent assessment against recognised standards. The scheme was developed for all occupational health services and providers across the UK in the NHS and independent sector. It is available in the Republic of Ireland also, where it is endorsed by the Royal College of Physicians of Ireland.

Building on its success in 2012, the scheme continued to progress according to plan in 2013. At the end of February 2014, 127 (39%) services had been accredited out of a total of 324 engaged in the scheme. Of the 197 other services: 160 remain at Stage 1 (the self-assessment stage); 17 are in Stage 2 (preparing for their assessment); 4 in Stage 2 have deferrals following an assessment; and 16 are registered only.

Despite the comprehensive training and support provided, deferral of service accreditation is required following 30-50% of site assessments, though this may be for only a few days or weeks. The two main causes are: failure to (1) demonstrate clinical governance and maintain documented protocols that ensure the delivery of services that reflect current evidence-based guidelines, national guidelines and Approved Codes of Practice (Standard C2.4); and (2) failure to have systems in place to ensure regular inspection, calibration, maintenance and replacement of medical equipment and that it is safe to use (Standard D2).

A new and exciting development is a pilot study with occupational health physiotherapy services which are members of the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE) to explore jointly how applicable the current SEQOHS standards are for independent occupational health physiotherapy services, outside the classical 'doctor-nurse' model

Chart 1: Provides a trajectory of how the scheme has grown to date.



around which they were originally designed. The pilot services are clearly enthusiastic about SEQOHS and it will be interesting to see how this work progresses and it is intended that learning from this pilot will inform the Faculty’s review of the standards being undertaken in 2014, so that the revised standards will apply to these services.

Work is also progressing with Constructing Better Health, a national industry scheme for workplace health management, to see how the SEQOHS standards can best meet the needs of those working in construction.

Once an occupational health service is accredited, morale and teamwork are improved, the profile of the service is raised and there is much cause for celebration. But what are the effects of accreditation further down the line? Is there truly continuous improvement? Does the investment of time and resources have longer-term benefits? The current published evidence on the effects of accreditation is sparse and so SEQOHS is considering a small qualitative study to explore this, interviewing a range of people from services which have been accredited the longest.

In 2014 SEQOHS is launching a quality improvement service with the aim of providing objective advice and assistance to organisations relating to the structure, management and operations of clinical services. Such assistance may include the identification of options with recommendations to improve and support services; and the review of implementation of solutions.

For more information see <https://www.seqohs.org/> and <http://www.rcplondon.ac.uk/accreditation>.

Revalidation

Revalidation has successfully moved from the planning to the operational stage. As a remote designated body with no line management of those revalidating with us – many of whom are single-handed portfolio practitioners - the Faculty has faced specific challenges in ensuring compliance and that effective clinical governance is in place.

Through close work with the Society of Occupational Medicine, the Revalidation Support Team and the General Medical Council we have been able to develop effective processes to ensure that our approach to revalidation is robust, flexible and takes into consideration the nature of occupational health work whilst maintaining the integrity of the process. There has been a bulge of appraisal in the last quarter of 2013 which has been challenging for the Responsible Officer and the appraisers in the long

term; this is being addressed in conjunction with the Society.

The revalidation workload has been so high that a role in the Professional Standards Team has now been amended to become that of Revalidation Manager. Over the past 12 months, in excess of 1000 enquiries have been responded to by e-mail, by telephone or in person. It is anticipated that users will require less support in future years. However the workload will still be heavy as the number of revalidation recommendations to be made increases - 114 revalidation decisions are required in 2014 and 148 in 2015.

There is a Revalidation Governance Subcommittee, chaired by a lay member, which the Responsible Officer is invited to in order to ensure that the Faculty is addressing revalidation correctly and to provide oversight of the Faculty scheme. The Faculty also hosts meetings of a network of other Responsible Officers in occupational health in order to discuss cases, share best practice and work to ensure some consistency across occupational health designated bodies.

Continuing Professional Development (CPD)

With the advent of revalidation, the Faculty changed its CPD year to bring it in line with the cycle being used for revalidation, meaning that for 2012/13 the CPD cycle ran for a 15-month period from 1 January 2012 – 31 March 2013.

For the 2012/13 CPD cycle there were 558 returns submitted by the 30 June deadline, of which 323 had an appraiser’s signature. Members or Fellows working in the UK submitted 436 CPD returns, representing 75% of the possible Members or Fellows working in the UK.

2001	257	2005	416	2009	564
2002	292	2006	435	2010	584
2003	340	2007	459	2011	568
2004	368	2008	502	2012/13	558

Because of the later deadline for CPD submissions, the CPD audit for 2012/13 has not yet been completed. 31 members have been invited to be audited. The current audit of CPD returns will mean that all doctors who use the Faculty CPD scheme will have been audited at least once in the past five years and the scheme maintains a good participation rate.

The Faculty implemented its online CPD diary with effect from 1 April 2013. This is available for use by all members of the Faculty on request. 174 doctors are using this out of a total of 558 practitioners

involved in the Faculty CPD scheme. The impact on the Faculty CPD scheme of electronic submissions and particularly what this means for those not revalidating through the Faculty and for the issue of certificates is under discussion and a decision will be communicated shortly.

The number of external courses approved for CPD in 2013 increased to 86, from 48 in 2012.

Ethics Committee

Early in 2013, Dr Paul Litchfield stepped down as Chair of the Ethics Committee, a role he had held for six years. The Faculty is indebted to Dr Litchfield for his leadership of this Committee; his tenure covered some contentious issues, including the GMC's

revised guidance on confidentiality and consent and culminated in overseeing the publication of the seventh iteration of the Faculty's ethical guidance in December 2012. Dr Bob Jefferson, who has been a member of the Ethics Committee since 2004, was appointed to succeed Dr Litchfield. Ms Sarah Cave, who had been a member of the Committee since 1999, also resigned from the Committee. Ms Cave was the first nurse member of the Committee, when the composition of the Committee was changed, and the Faculty is grateful for her input and the different perspective she has brought to discussions. The Committee did not meet in 2013 as there have been few issues and queries raised since the publication of the latest guidance, but there are plans for this to be reconstituted in 2014 with an updated membership.

Objectives for 2013: Leading quality improvement in the practice of occupational medicine and occupational health	
Agree a quality improvement (QI) strategy with the Society of Occupational Medicine (SOM)	<ul style="list-style-type: none"> The SOM has appointed a QI lead to work with the Faculty's Director of QI on this
Continue to develop SEQOHS, with particular focus on international development	<ul style="list-style-type: none"> Development work is underway with Allied Health Professionals and Constructing Better Health Discussions on international work have been held but no decision has yet been made to progress this
Continue to develop HWDU	<ul style="list-style-type: none"> Subscription audits (long-term sickness absence and record keeping standards) were advertised
Produce guidance for members as needed	<ul style="list-style-type: none"> Extensive guidance on revalidation has been produced throughout the year Guidance on medical assessments of blue light drivers was published
Make operational the new online Continuing Professional Development (CPD) system	<ul style="list-style-type: none"> The new online system was implemented with effect from 1 April 2013 and is open to all members to record their CPD from this date
Provide relevant CPD and training opportunities for practising occupational physicians through conferences, professional briefing days and other means	<p>Completed according to plan through:</p> <ul style="list-style-type: none"> Four conferences Four professional briefing days Training on CESR (Certificate of Eligibility for Specialist Registration) applications for Associates

EXPANDING EVIDENCE-BASED RESEARCH

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

This area of work remains a challenge for the Faculty. There is a broad consensus in the occupational health community that there is a need for a stronger and more comprehensive evidence base to underpin the practice of occupational medicine and occupational health. In parallel, there is a concern that UK academic centres for occupational health have decreased over the last decade.

The Faculty therefore sees that there is a need to support and make best use of academic resources which are currently available, and also to seek new ways to make a positive impact on this problem.

Accordingly, the Faculty continues to work closely with the Health and Work Development Unit, a report from which appears elsewhere in this annual review. Steps are also being taken to re-establish the Academic Forum, a multidisciplinary congregation of academics in occupational health, which has considerable potential to advise the Faculty on how best to address this challenge and so will be re-convened in 2014. In addition to this, the Faculty will

be making active moves to demonstrate support for occupational health academic centres through their parent universities and other routes.

Members continue to benefit from receiving the Faculty's adopted journal *Occupational and Environmental Medicine*. A wide range of topics was covered in 2013 including: chronic workplace stress and insufficient physical activity; risk of lung cancer associated with chlorinated solvents; lymphoma risks and occupational exposure to pesticides; collaborative care for sick-listed workers with major depressive disorder; shift-related sleep problems varying according to work schedule; work-related psychosocial and mechanical risk factors for low back pain; ischaemic heart disease mortality and years of work in trucking industry workers; occupational risk factors for sinonasal inverted papilloma; shift work and breast cancer; and cholangiocarcinoma among workers in the printing industry.

The Faculty would like to congratulate Dr Malcolm Sim, a Fellow of the Faculty, on his appointment as Editor-in-Chief of *OEM* and looks forward to working with him on his plans for the future direction of the journal.

Objectives for 2013: <i>Growing the evidence base for occupational medicine and health and wellbeing at work through stimulation of worthwhile research</i>	
Make best use of the links with the <i>Occupational and Environmental Medicine (OEM)</i> journal	<ul style="list-style-type: none"> The current links with <i>OEM</i>, the Faculty's adopted journal, have been continued
Review the Academic Forum for Occupational Medicine and Health	<ul style="list-style-type: none"> A survey of members was undertaken and plans are in place for this to reconvene in 2014
Make optimum use of the expertise of the Health and Work Development Unit (HWDU)	<ul style="list-style-type: none"> There has been close liaison with HWDU, particularly with regard to the subscription audits

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

Whilst there is a small team of staff who manage and run 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's 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 continuing professional development (CPD) programme and these are covered in the section on influencing. The Faculty has also now initiated a programme of Professional Briefing Days. These are moderately priced, one day or half day expert briefings for small interactive groups, on matters closely relevant to the current practice of occupational medicine. Since their introduction in late 2012 the topics covered have been: employment tribunals, clinical audit, mental health, alcohol misuse and upper limb disorder. A new programme of events is being planned for 2014.

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 Diplomates, and the need to ensure these groups are properly supported.

With a view to offering improved support to Associates, the Faculty ran a training day, assisted by the General Medical Council (GMC), for Associates seeking to apply for entry to the GMC specialist register, through the 'CESR' (Certificate of Eligibility for Specialist Registration) route. This was well received and will be repeated if there is a demand.

Attention has also been turned to the Faculty's support to affiliating Diplomates and as part of this there will be a survey of Diplomates' needs for professional support, in early 2014.

As part of its promotion of good practice, the Faculty offers a number of prizes and awards. The Wilf Howe Memorial 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 Dr Howe's family for their continued interest and support for the prize.

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 2013 went to Dr Rachel Sharp to allow her to attend the Golder Occupational Hygiene Training Course in Western Perth, Australia.

In 2013 Mobbs Corporate Health Fellowships, now extended to undergraduates and junior doctors, were awarded for student electives to: Andrew Grosset, to learn about occupational medicine and the role of an occupational physician in aviation, at National Air Traffic Services (NATS); Fiona Dogan, whose study considered the impact of occupational health and safety on workers and healthcare professionals in Malawi; to Daniela Petrova, who studied occupational health and genetics at Harvard University; and to Emily Brown, to learn about the clinical management of the occupational health issues faced by mountain porters, by volunteering with the International Porter Protection Group (IPPG) in the Nepalese Himalaya in spring 2014.

The newly created ExxonMobil award for medical students saw its first successful applicant in 2013. Reem Mahmood was awarded a student elective

fellowship to study blood borne pathogen control in Tanzania.

These awards for medical students are immensely important in our work to raise awareness about occupational health with undergraduates and junior doctors. The aim is to give people in the early stages of their careers a taste of occupational health and medicine, both to inform their general work for the future and also to encourage them to consider occupational medicine as a career.

Membership numbers	2012	2013
Honorary Fellows	91	91
Fellows	292	286
Members	445	434
Associates	192	173
Specialty Trainees	79	83
Affiliating Diplomates	363	366
Life members	85	86
Revalidating subscribers	0	13
Total	1547	1532

Proposed new single organisation

The Faculty has been in discussion with the Society of Occupational Medicine since the end of 2012 on the potential for forming, together, a new single organisation. The vision for the new organisation is for it to be 'the leading organisation for health professionals who protect and enhance health at the interface between people and work'.

The aim is to build on what is best in both of the two organisations and to join forces to create a stronger, multidisciplinary, more influential and more sustainable body. One of the drivers for this is concern about the decline in recruitment to the specialty, and the ageing demographic, but in a context where there is a growing demand and need for occupational health provision.

The two organisations have set up a Working Group and have drawn up preliminary proposals about the structure of the new body. Members have been kept informed and invited to give their views through newsletters, and via a special website and dedicated email address, with a road show which encompassed all four UK countries, a series of webinars, and through discussion at both organisations' annual general meetings.

A survey of members was undertaken towards the end of 2013. The results are being analysed and will be reported to the members in due course, but the feedback was generally positive, albeit with some

members expressing concerns about the change, with many members making helpful comments and useful suggestions.

The work will continue in 2014, with a view to both memberships voting on whether to proceed with setting up a new body, in the summer.

Governance

There were no significant changes to the Faculty's current governance systems during 2013.

Resources

The Faculty ended 2013 with a healthy surplus, which exceeded budget, and has budgeted for break-even in 2014. There is continued careful management of resources, with every effort made to economise where possible.

The Faculty has been successful in building up a reasonable reserve, a substantial part of which is earmarked for future accommodation needs. The Board has agreed in principle that the Faculty should purchase premises when the current lease expires. This would make optimum use of the charity's assets through judicious investment in property and although purchase would entail an initial significant outlay, it would prove cheaper than renting, certainly in the long term, and even in the short term. If the membership vote to move towards a single organisation, then the Faculty will hand over its premises information to the single organisation shadow board, to make a decision on how to proceed.

There are some financial uncertainties and concerns, a key reason for which is the overall trend of declining number of trainees, despite a small increase in 2013. 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.

The work with the Society of Occupational Medicine towards forming a single organisation has resource implications. The work on the financial structure of the proposed new body is ongoing. But there are also resource implications concerning the process of change to be considered. In 2013, the Faculty spent £8,600 on this work; this has included a third party assessment of the overlap of the two memberships; an advisory consultant and the dedicated website. The Faculty has budgeted to spend around a further £30,000, from general funds, over 2014 and 2015. The key items that this will cover are: consultancy, project management, external financial scrutiny and legal fees.

Website

The Faculty's new website was launched in March 2012. Since going live, additions and changes have been made at various stages. Significantly, the Faculty now offers a secure online payment system for various products and fees, including events and conferences, publications and subscriptions.

The new service has been successful with very few technical hitches; members are encouraged to login

to the members' area to explore the information, update their details and pay their subscription. Any questions about the website or with difficulty logging in, should be directed to: membership@fom.ac.uk.

The website is designed to offer a simple and useful experience for both Faculty members and the general public; if you have any comments or suggestions, please do get in contact via: membership@fom.ac.uk.

Objectives for 2013: 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	<ul style="list-style-type: none"> The budget process commences in July to allow plenty of time for review by the Executive Committee prior to Board approval
Ensure prudent budget management throughout the year, ensuring best value for money for the membership	<ul style="list-style-type: none"> Monthly management accounts are reviewed by the Executive Committee and Board
Clarify and enhance the partnership arrangements with SEQOHS	<ul style="list-style-type: none"> A SEQOHS Contract Group has been established bringing about closer partnership working
Explore in depth opportunities to purchase a freehold/long leasehold property	<ul style="list-style-type: none"> This has been agreed by the Board and a preliminary review of the market undertaken
Undertake regular investment reviews	<ul style="list-style-type: none"> The return on cash and investments is kept under regular review and new accounts opened as appropriate
Seek expert financial advice if and when required	<ul style="list-style-type: none"> A VAT review was commissioned from Crowe Clark Whitehill, who were subsequently appointed as the Faculty's auditors and will provide ongoing advice
Ensure efficient use of staff and office resources	<ul style="list-style-type: none"> Staff and office resources are kept under regular review through the appraisal process and regular meetings
Retain flexibility within budget and cashflow to respond to unexpected liabilities or opportunities	<ul style="list-style-type: none"> Unbudgeted items are considered with each finance report
Reap the benefits of new auditors' ideas/advice	<ul style="list-style-type: none"> General advice is being sought as required
Ensure the costs of Responsible Officer (RO) service are fully met	<ul style="list-style-type: none"> Relevant fees have been set to recoup the costs of the service
Explore imaginative new income streams, for example: advice to businesses for occupational health tenders, website advertising	<ul style="list-style-type: none"> New developments on hold owing to competing priorities within current resources
Maintain high levels of membership paying fees	<ul style="list-style-type: none"> Budgeted subscription income was exceeded because of an effective reminder system and new or returning members
Consider all avenues to promote benefits of membership and recruit new members	<ul style="list-style-type: none"> Prizes have been promoted High quality applications have been received for the new undergraduate electives
Support Associates wishing to become Members	<ul style="list-style-type: none"> Two training days for CESR (Certificate of Eligibility for Specialist Registration) assessors were held and one training day for Associates considering pursuing this route to specialist accreditation

FINANCE REVIEW

The technical information in this review of 2013 is extracted from the full financial statements audited, for the first time, by Crowe Clark Whitehill (CCW). The finance team has been impressed by the diligence and professionalism of the new auditors and look forward to working with CCW to the benefit of the Faculty's charitable aims.

The Trustees are pleased to report that the Faculty has ended the year in a better financial position than was hoped, achieving a significantly larger operational surplus than budgeted and also an increase in the general funds. The budget position at year end, agreed by the Trustees for 2013, has been achieved with additional funds to spare such that the Faculty is in good financial shape early in the 2014 financial year. The finance team has worked hard to mitigate the risks outlined in last year's report and careful management of operational spending has allowed the Faculty to have a successful year financially, without the need to bolster funds using enduring grants from the Department of Health.

The Faculty's income was 14% higher than expected during 2013, accounting for approximately 40% of the additional year end surplus. The additional income from publications (primarily royalties from the new *Fitness for Work* and the sale of the Faculty's ethical guidance), revalidation (due to more individuals joining the scheme than expected) and course approvals for Continuing Professional Development (CPD) purposes made a significant difference to the overall surplus generated. The Faculty's expenditure during the year was less than budgeted, due largely to tighter control of costs of the journal, reduced costs of providing the revalidation service (due to more efficient use of resources) and reduced staff costs during the year. Most significantly, however, was a considerable saving on irrecoverable VAT, accounting for nearly 14% of the overall additional surplus achieved.

The Faculty continues to rely heavily on subscriptions, examination fees and conference attendances to provide its main income. The conferences launching *Fitness for Work* in England and Scotland were well-received and successful financially. The conference held in Manchester in December was particularly well attended and will provide a template for future out-of-London events. The income stream the Faculty receives from the SEQOHS scheme, in which it is partnered by the Royal College of Physicians, is now better understood thanks to work the finance team has done with colleagues at the College. The Faculty moves forward in a far better position and the surplus generated by the scheme should provide

a considerable boost to the Faculty's finances in the years ahead. SEQOHS is an important part of the Faculty's activities and the number of organisations continuing to both register and achieve accreditation is most encouraging. The number of trainees in occupational medicine remains a concern, yet for the foreseeable future examinations continue to be well supported.

Close control of expenditure has been necessary throughout 2013 and it is this prudence that has allowed an operating surplus of £109k to be realised. The accounts record an overall surplus of £303k; this includes an unrealised gain of £194k on investments.

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 £462,365 a figure that represents 49% of planned expenditure for 2014. Again, therefore we have not quite 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). The Faculty's reserves have improved during 2013 but, as before, it should be remembered that the investment gains are as yet unrealised assets. Sustainability remains an important strategic aim for the Faculty, irrespective of whether the vote for a single organisation for occupational health results in a new structure.

Accommodation

Last year's report outlined the background behind the need for the Faculty to consider carefully its future accommodation needs. The Faculty's landlord has been flexible in respect of the existing tenancy agreement and before the current year end it is hoped that the finance team will have identified a long-term solution to the Faculty's accommodation needs, which may, of course, be influenced by the outcome of the single organisation vote. Not only would a freehold or long-term lease be in the Faculty's best interests from a financial perspective, but the larger premises the Faculty hopes to be able to secure will facilitate such activities as professional briefing days and allow the Faculty to consider further enhancements to the services it provides to the membership.

Sponsorship and grants

Significant levels of sponsorship will continue to be unlikely in the current economic climate and central grants from Government are likely to be in very short supply. Notwithstanding this the Faculty continues

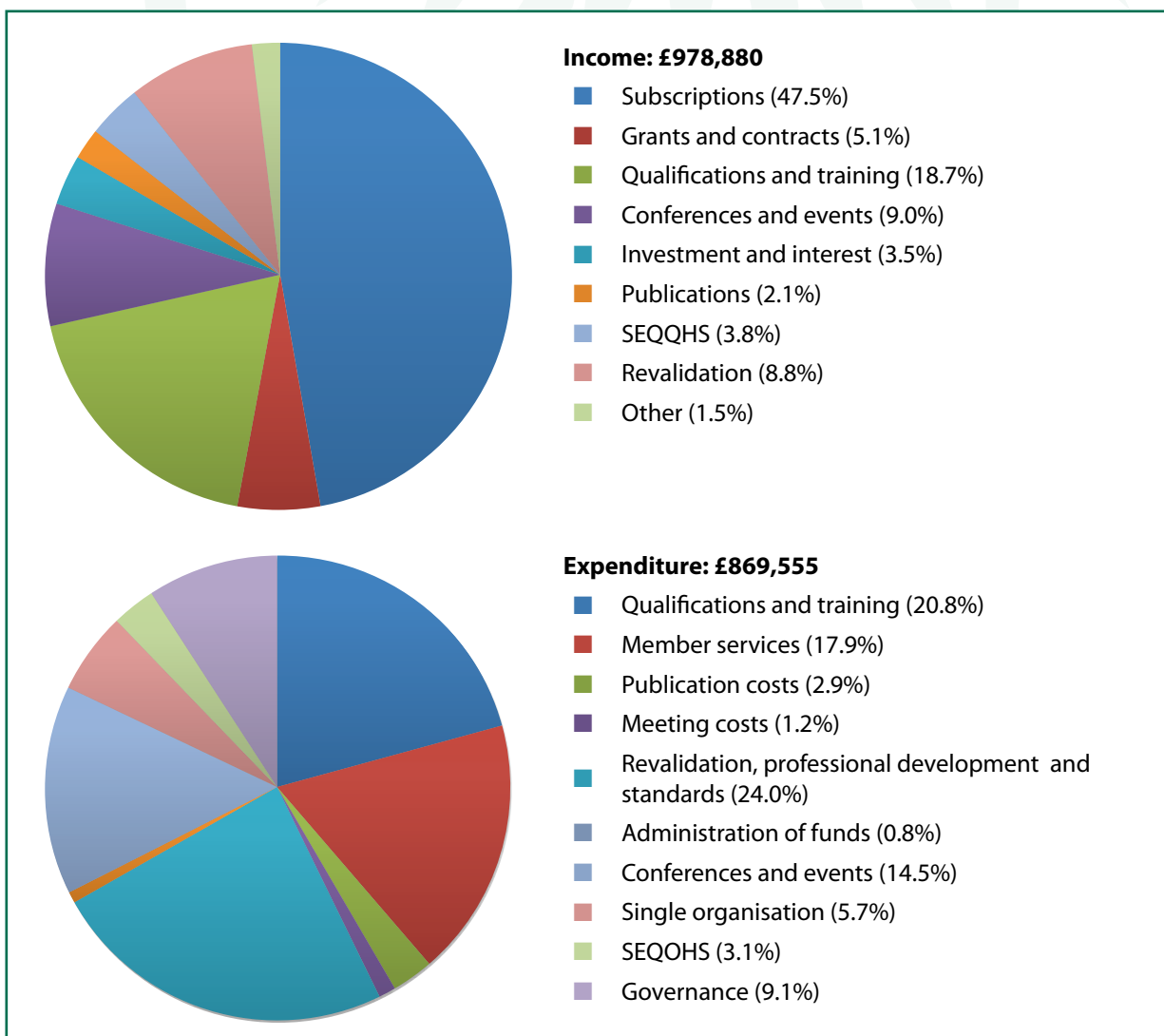
to apply for grants to support its charitable aims wherever possible. The Faculty is very grateful to the individuals and organisations who continue to support it.

Investments

The finance team determined not to make any significant movement of investments during 2013. This has proved to be a successful strategy as the main investment fund, the Schroder Charity Equity Fund, performed extremely well despite the continuing uncertain general global economic situation. Whilst there is money to be made in short-term investments, the Faculty is not in a position where it can take undue risks with its resources. The Faculty’s cash reserves continue to earn relatively little although the short-term cash bonds earn a small amount of interest. The finance team has sought to minimise the risk of further banking industry volatility by spreading its cash amongst a variety of accounts, a strategy encouraged by the new auditors.

Budget 2014

The Trustees have agreed a budget that should produce a small operating surplus for the year ahead. However, already in the current financial year the Faculty is in a sufficiently good position to allow the Trustees to revisit its budget decision of October 2013 and freeze membership fees for 2014. Despite the cost of this measure the Faculty is still likely to achieve a budget surplus, mainly due to the greater than expected income from the SEQOHS scheme. An operating surplus gives the Faculty financial flexibility during the year and allows for unbudgeted expenditure when it occurs. This is going to be particularly important during the current year as the costs of the single organisation project are exposed. Income from the Faculty’s revalidation services is likely to be sustained as the system beds down, although there remains some uncertainty due to movement of both individuals and organisations using the service.



Conclusion

The Trustees consider that the Faculty's financial situation during 2013 was again satisfactory, with some welcome improvements in income streams and savings made in expenditure. The greatest financial risks remain sustainability and falling trainee numbers within the specialty. The Faculty needs to consolidate its plans for accommodation during the current year, a year that will also see the result of the single organisation vote. The finance team provides sound and astute management to enable the Faculty's good financial position to be achieved and the Trustees acknowledge their significant contributions. The membership remains the most significant source of income and the Faculty is pleased to be able to

freeze subscriptions in 2014. The Trustees are most grateful to those individuals (and their employers) who continue to support the Faculty, providing considerable time and energy voluntarily.

The current year will be a landmark for the Faculty, with the vote on the single organisation taking place, with the potential that a new structure will be formed. The Faculty is in a sound financial position and there is reason for the Trustees to be optimistic about the future. 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 2014

Influencing

- To see return to work generally recognised as an outcome measure
- To become recognised as the main contact point for occupational health for government, other professionals and the media
- To ensure every Joint Strategic Needs Assessment (in England) is reviewed by a specialist occupational physician, in conjunction with a public health specialist, and makes reference to the health of the working age population, by May 2017; and to set a comparable target relevant to Scotland, Wales and Northern Ireland.

Educational/professional

- To increase the number of trainees by 25% by May 2017
- To explore actively the potential for extending Faculty qualifications overseas, with a view to increasing the number of doctors taking Faculty qualifications, by 50% by May 2017

Quality improvement

- To see the number of SEQOHS accredited bodies double by 2017
- To develop a SEQOHS presence in at least five other countries by 2017
- To consider quality improvements to internal processes by reviewing the workings of key committees by May 2015

Strengthening the evidence base

- To develop a system to support trainees in submitting the results of their dissertations for publication in peer-reviewed journals
- To support existing academic bases, writing to Deans of all universities where there is an academic occupational health base, with a view to reinforcing the importance of their continued existence

Organisational

- To create a new single organisation for occupational health
- To establish a new national school for occupational medicine/health in 2014; initially for occupational medicine in England but with a view, by 2017, to involving the other UK nations, whether as full participants or otherwise, and also extending the remit to wider occupational health

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 9 April 2014 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 2013

Contents

Independent Auditor's Report.....	32
Statement of Financial Activities	34
Balance Sheet	35
Notes to the Financial Statements	36

INDEPENDENT AUDITOR'S REPORT TO TRUSTEES AND 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 2013 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and the related notes numbered 1 to 19.

The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006 and to the charitable company's trustees, as a body, in accordance with section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005. Our audit work has been undertaken so that we might state to the charitable company's trustees and members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the 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 Statement of Trustees' Responsibilities, the trustees (who are also the directors of the charitable company for the purpose of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

We have been appointed as auditor under section 44(1c) of the Charities and Trustee Investment (Scotland) Act 2005 and under the Companies Act 2006 and report in accordance with regulations made under those Acts.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's 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' Annual Report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. 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 2013 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, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 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 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- adequate accounting records have not been kept; 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 from the requirement to prepare a strategic report or in preparing the trustees annual report.

Mike Hicks (Senior Statutory Auditor)

for and on behalf of
Crowe Clark Whitehill LLP, Statutory Auditor
St Bride's House
10 Salisbury Square
London EC4Y 7AD

Date: May 2014

Crowe Clark Whitehill LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006.

STATEMENT OF FINANCIAL ACTIVITIES

(incorporating the Income & Expenditure Account)

Year ended 31 December 2013

	Notes	Unrestricted funds			Total 2013 £	Total 2012 £
		Designated Funds £	General Funds £	Restricted Funds £		
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	20,947	13,037	-	33,984	40,226
Incoming resources from charitable activities						
Subscriptions		-	462,451	-	462,451	462,296
Qualifications and training		-	181,776	-	181,776	189,677
Publications		-	20,934	-	20,934	2,927
SEQOHS		-	36,614	-	36,614	-
Revalidation		-	86,104	-	86,104	-
Other income		-	19,095	-	19,095	9,181
Conferences and events		-	82,351	-	82,351	73,706
Grants and contracts	2	-	-	55,571	55,571	37,767
Total incoming resources		20,947	902,362	55,571	978,880	815,780
RESOURCES EXPENDED						
Charitable activities	4	-	753,678	36,223	789,901	715,659
Governance costs	6	-	79,654	-	79,654	87,839
Total resources expended		-	833,332	36,223	869,555	803,498
Net incoming resources before transfers		20,947	69,030	19,348	109,325	12,282
Transfers between funds		-	20,611	(20,611)	-	-
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	193,618	-	-	193,618	92,875
Net movements in funds for the year		214,565	89,641	(1,263)	302,943	105,157
Funds balance brought forward at 1 January 2013	16	611,772	372,724	231,798	1,216,294	1,111,137
Funds balance carried forward at 31 December 2013		£826,337	£462,365	£230,535	1,519,237	£1,216,294

All income has been generated from continuing operations.

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

BALANCE SHEET

31 December 2013

	Notes	2013		2012	
		£	£	£	£
FIXED ASSETS					
Tangible assets	9		17,148		27,701
Investments	10		818,692		602,815
			835,840		630,516
CURRENT ASSETS					
Debtors	12	67,271		59,591	
Cash on deposit		476,026		363,101	
Cash at bank and in hand		408,024		413,135	
		951,321		835,827	
CREDITORS:					
Amounts falling due within one year	13	247,924		241,049	
Dilapidation provisions	15	20,000		9,000	
NET CURRENT ASSETS			683,397		585,778
NET ASSETS			£1,519,237		£1,216,294
REPRESENTED BY:					
Unrestricted funds					
General funds	16	462,365		372,724	
Designated funds	16	826,337		611,772	
			1,288,702		984,496
Restricted funds	16		230,535		231,798
TOTAL FUNDS	17		£1,519,237		£1,216,294

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 9 April 2014, 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 2013

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 2013	Total 2012
	£	£	£	£	£
Grants and contracts					
Academy of Medical Royal Colleges					
Revalidation work					
e-Portfolio	-	37,375	-	37,375	-
Pilot	-	-	-	-	14,850
Specialty advisor training	-	(2,509)	-	(2,509)	20,917
MSF tool	-	10,000	-	10,000	-
Department of Health					
Health for health professionals	-	4,705	-	4,705	-
ExxonMobil					
Elective fellowships	-	1,000	-	1,000	2,000
NHS London					
Revalidation quality assurance exercise	-	5,000	-	5,000	-
	£-	£55,571	£-	£55,571	£37,767

3 INVESTMENT INCOME

	Designated	Restricted	General	Total 2013	Total 2012
	£	£	£	£	£
Bank interest	-	-	13,037	13,037	15,704
Dividends	20,947	-	-	20,947	24,522
	20,947	£-	£13,037	£33,984	£40,226

4 ANALYSIS OF COSTS

	Direct Costs	Direct Salaries	Support Costs	Total 2013	Total 2012
	£	£	£	£	£
Qualifications and training	34,589	81,415	64,469	180,473	250,000
Publications	1,448	13,214	10,463	25,125	24,865
Revalidation, professional development and standards	52,935	86,963	68,862	208,760	140,747
Administration of funds	-	3,738	2,960	6,698	6,791
Conferences, events and projects	66,402	33,494	26,522	126,418	122,680
Membership	78,657	43,114	34,139	155,910	156,658
Meetings	10,302	-	-	10,302	13,918
Single organisation	8,782	22,795	18,050	49,627	-
SEQOHS	-	14,838	11,750	26,588	-
	253,115	299,571	237,215	789,901	715,659
Governance costs	17,390	34,749	27,515	79,654	87,839
	£270,505	£334,320	£264,730	£869,555	£803,498

5 BREAKDOWN OF SUPPORT COSTS

	2013	2012
	£	£
Staff	40,228	48,264
Communication	6,392	17,383
Printing, postage and stationery	8,837	4,811
Premises	77,055	59,285
Repairs and maintenance	19,947	9,233
Advertising and recruitment	4,845	215
Irrecoverable VAT	29,113	47,179
Accountancy fees	5,706	2,213
Depreciation	13,693	9,724
Other direct costs	58,915	58,620
Moving costs	-	-
	£264,731	£256,927

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

6 GOVERNANCE COSTS

	2013	2012
	£	£
Staff	34,749	35,792
Support costs	27,515	31,433
Audit fees	8,515	9,397
Meetings	8,625	6,822
Annual General Meeting	250	1,344
Annual report	-	3,051
	£79,654	£87,839

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2012: nil)

26 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £6,055 (2012: 15 Trustees - £7,685).

8 STAFF COSTS

	2013	2012
	£	£
Wages and salaries	323,473	293,961
Social security costs	35,595	34,366
Pension costs	13,039	10,548
	£372,107	£338,875
The average number of full-time equivalent employees during the period was:	9	8

One member of staff was remunerated in the £70,001 to £80,000 range (2012 – one).

No member of staff was remunerated in the £60,001 to £70,000 range (2012: none).

The associated pension costs of this individual were £7,512 (2012 - £7,350).

9 TANGIBLE FIXED ASSETS

	Fixtures and fittings	Office equipment	Total
	£	£	£
Cost			
At 1 January 2013	41,293	23,635	64,928
Additions	-	3,140	3,140
Removal of old assets	-	-	-
At 31 December 2013	41,293	26,775	68,068
Depreciation			
At 1 January 2013	(19,011)	(18,216)	(37,227)
Charge for the year	(8,258)	(5,435)	(13,693)
Removal of old depreciation	-	-	-
At 31 December 2013	(27,269)	(23,651)	(50,920)
Net Book Value			
At 31 December 2013	£14,024	£3,124	£17,148
At 31 December 2012	£22,281	£5,420	£27,701

10 INVESTMENTS

	2013	2012
	£	£
Quoted investments		
At 1 January 2013	602,815	487,230
Additions	22,259	22,710
Transfers in/(out)	-	-
Unrealised gain/(loss)	193,618	92,875
At 31 December 2013	£818,692	£602,815
Historical cost	424,387	424,387
No of units	101,160	101,160
Valuation	809,30p	595,90p

Investments consist of units in Schroders Charity Equity Fund.

11 STOCK

	2013	2012
	£	£
Stock comprises:		
Publications for resale	£-	£-

12 DEBTORS

	2013	2012
	£	£
Accrued income	13,287	16,582
Other debtors	17,713	10,232
Prepayments	35,205	32,777
VAT	1,066	-
	£67,271	£59,591

13 CREDITORS: amounts falling due within one year

	2013	2012
	£	£
Trade creditors	9,787	52,792
Accruals	66,011	50,728
Deferred income - examination fees received in advance	21,515	1,228
- subscriptions in advance	139,066	115,508
- conference income	-	430
- professional briefing days	-	1,875
Tax and social security	9,599	10,260
Pension liability	1,946	-
VAT	-	8,228
	£247,924	£241,049

14 DEFERRED INCOME

	Examination fees	Subscriptions	Conferences	Professional briefing days	Total
	£	£			£
Balance at 1 January 2013	1,228	115,508	430	1,875	119,041
Amounts released to incoming resources	(1,228)	(115,508)	(430)	(1,875)	(119,041)
Amount deferred in the year	21,515	139,066	-	-	160,581
Balance at 31 December 2013	£21,515	£139,066	£-	£-	£160,581

15 DILAPIDATIONS

	2013	2012
	£	£
Dilapidation provision	£20,000	£9,000

16 FUNDS

a) Restricted funds	As at 1 January 2013	Incoming Resources	(Gain/Loss) on investment	Outgoing Resources	Transfers In/(out)	As at 31 December 2013
	£	£	£	£	£	£
Good Practice Guidelines Funds						
Esso Publications Fund	6,649	-	-	1,448	-	5,201
Rolls Royce Guidelines Fund	6,523	-	-	-	-	6,523
Academic Activities Funds						
Corporate Health (Mobbs) Fund	50,610	-	-	6,542	(600)	43,468
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	1,000	-	1,000	(1,000)	1,000
Wilf Howe Fund	3,726	-	-	-	-	3,726
William Taylor Memorial Fund	2,544	-	-	270	-	2,274
Academy of Medical Royal Colleges						
Environmental medicine Revalidation work	1,426	-	-	-	-	1,426
CPD online	28,853	-	-	-	-	28,853
e-Portfolio	20,006	37,375	-	3,370	(4,250)	49,761
MSF tool	-	10,000	-	400	(3,300)	6,300
Pilot	16,976	-	-	15,100	-	1,876
Specialty advisor training	16,737	(2,509)	-	2,767	(11,461)	-

16 FUNDS (continued)

Department of Health						
(e-LfH) e-learning	44,747	-	-	11	-	44,736
Diploma grant	2,000	-	-	-	-	2,000
Health for health professionals	6,090	4,705	-	3,911	-	6,884
Professional Briefings grant	3,000	-	-	-	-	3,000
SEQOHS accreditation system	5,192	-	-	1,404	-	3,788
NHS London						
Revalidation	-	5,000	-	-	-	5,000
	231,798	55,571	-	36,223	(20,611)	230,535
b) Designated funds						
	£	£	£	£	£	£
BUPA award fund	10,000	-	-	-	-	10,000
Capital fund	525,957	20,947	193,618	-	-	740,522
Department of Health Development Grant	75,815	-	-	-	-	75,815
	611,772	20,947	193,618	-	-	826,337
c) General funds	372,724	902,362	-	833,332	20,611	462,365
Total funds	£1,216,294	£978,880	£193,618	£869,555	£-	£1,519,237

Esso Publications Fund provides for the publication of standards of practice of occupational medicine, this year funding the Pulse booklets reprint

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 provided four travelling fellowships in 2013

Donald Hunter Lecture provides funds for the costs incurred in connection with a biennial lecture given in his memory; there was no lecture in 2013.

Ernestine Henry Lecture endows a lecture in memory of Mrs Ernestine Henry to be delivered at least once every three years; the next lecture is to be given in 2014.

Esso Research Fellowship Fund comprises a number of annual donations, to provide a research fellowship.

ExxonMobil Elective Fellowships Fund funds electives open to medical undergraduates and doctors in Foundation Years 1 and 2.

Wilf Howe Fund provides a prize for an innovative project in memory of Dr Wilf Howe; no award was made in 2013.

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, to train specialty advisers, and to provide a helpdesk.

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 professionals funds training days for professionals working in the NHS.

Professional briefings grant provides funding to run professional briefing workshops; the Faculty ran four in 2013.

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

NHS London

Revalidation provided funding for a quality assurance exercise

BUPA award fund has been set aside towards the production of publications and guidance.

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.

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 £11,002 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	-	17,148	-	17,148
Investments	818,692	-	-	818,692
Net current assets	7,645	445,217	230,535	683,397
	£826,337	£462,365	£230,535	£1,519,237

18 OPERATING LEASE COMMITMENTS

The Faculty had an annual commitment in respect of operating leases as follows:			
	2013	2012	
	£	£	
Leases which:			
Expire within one year (land and building)	-	-	
Expire between 2 and 5 years (land and buildings)	55,175	55,175	
Expire within one year (office equipment)	-	-	
Expire between 2 and 5 years (office equipment)	-	-	
	£55,175	£55,175	

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 2013.

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 reviewers and dissertation assessors in 2013



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
President-Elect	Dr R J L Heron
Academic Dean	Professor K T Palmer/Dr I R Aston
Director of Assessment	Gp Capt D C McLoughlin
Director of Training	Dr I R Aston/Dr J K Moore
Director of Quality Improvement	Dr S C Sheard
Treasurer	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

PANEL TO ASSESS APPLICATIONS FOR: MOBBS CORPORATE HEALTH FELLOWSHIPS MOBBS CORPORATE HEALTH MEDICAL STUDENT ELECTIVES EXXONMOBIL STUDENT ELECTIVE FELLOWSHIP PRIZE

Chair	Dr R V Johnston
	Dr S A Robson Dr J J W Sykes/Dr R F Cordell

WILF HOWE PRIZE PANEL

This Panel assesses applications for this prize.

Registrar	Dr R V Johnston
Academic Dean	Professor K T Palmer/Dr I R Aston

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
RSA	Dr W R Gamble
Private sector representative	Dr W R Jenkinson
Health service representative	Dr L Rogers
Trainee representative	Vacant
FOM Ireland representative	Dr K Addley

BLUE LIGHT DRIVING STEERING GROUP

This group was disbanded following the publication in July 2013 of the Faculty's *Guidelines for assessing fitness for blue light driving*

Chair	Dr D C Bulpitt
Chief Medical Adviser, Maritime and Coastguard Agency	Dr JT Carter
Faculty representative & National Air Traffic Services	Dr S Clift
Retired Chief Medical Adviser, DVLA	Dr H Major

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	Dr P Graham
Lay member	Ms S Page
Fellows appointed by the Board	Dr J Cartwright Dr G Denman/Dr G Nicholson Dr J Henderson/Dr S Turner Dr D I T Jenkins Dr L Leeming-Latham Dr R M Preece

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, the seventh edition of which, *Ethics Guidance for Occupational Health Practice*, was published in 2012. The Committee did not meet in 2013. 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/Dr R D Jefferson
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
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 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.

Clinical Lead (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/Mr O Campbell
Royal College of Physicians	Ms J Ingham
Royal College of Physicians	Ms C Rogers
NHS Health at Work Network	Dr A de Bono/Dr T Radford
Co-opted consultant	Ms D Johnston
Nurse representative	Ms A Dunn/Ms J Fairburn
Employer representative	Dr S Khan
Employee representative	Mr H Robertson

PROMOTING OCCUPATIONAL HEALTH IN MEDICAL SCHOOLS (POHMS) SUBCOMMITTEE

This Subcommittee's function was to promote awareness of occupational health and an interest in occupational medicine as a career, amongst medical undergraduates and junior doctors. It was disbanded during 2013 and the work is being taken forward by Dr H Sayed, who was appointed as the Faculty's lead for medical schools, together with the Faculty's occupational medicine teaching leads.

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

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

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 Gp Capt D C McLoughlin Dr A J Bray Dr P M Jeffrey Dr R M C McNeill Love Dr J E Spenceley Dr P F Stuckey

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	Gp Capt D C McLoughlin Dr D Beswick Dr P Dewis Dr T M Gibson Dr M Henderson Gp Capt D W Jones

DAvMed ADVISORY GROUP

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

Chief Examiner DAvMed (Chair)	Wg Cdr M E Lewis
Deputy Chief Examiner DAvMed Director of Assessment	Dr S A Evans Gp Capt D C McLoughlin Dr D G Bruce Dr N D C Green Wg Cdr H Lupa Dr A C Timperley

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/Dr I R Aston
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/Dr J K Moore
Deputy Director of Training Academic Dean Trainee Representative Chair, CESR Advisory Group	Dr J K Moore/Dr J Spiro Professor K T Palmer/Dr I R Aston Dr R-W Chang Dr J G Spiro Dr N K Cooper/Dr C P Schenk Dr A J Bray Professor E Hughes
Lead Dean for Occupational Medicine	

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 J K Moore Dr A J Bray Dr J Cartwright Dr N K Cooper Dr D J Haldane Dr R L Marcus Dr A C Mawson Dr I C Perry Dr I E St Claire Dr I S Symington

REGIONAL SPECIALTY ADVISERS AND DEPUTIES

REGION	SPECIALTY ADVISER	DEPUTY
Northern	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	Vacant
N E Thames	Vacant/Dr D E S Macaulay	Dr D E S Macaulay/Vacant
S E Thames	Dr J M W Simpson	Dr A-A Hashtroudi
S W Thames	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	Vacant	Dr S Saravolac
North Scotland	Dr M E Wright	Dr E Murphy/Vacant
Northern Ireland	Dr W R Gamble	Dr M Tohill
Navy	Surg Capt A B Baker	Surg Cdre G Nicholson & Dr D C Brown
Army	Lt Col S E F Folkes	Dr M A Rooms & Dr S C Sheard
Air Force	Gp Capt A N C Reid	Gp Capt D C McLoughlin & Dr M J Davidson
Middle East	Dr M S Newson-Smith/Vacant	Vacant
South Africa	Professor M H Ross	Dr F H Fox
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

REVALIDATION GOVERNANCE SUBCOMMITTEE

This Subcommittee was established to oversee the Faculty's role in revalidation and to support the Faculty's Responsible Officer (RO) in his specific obligations under the RO Regulations, now that revalidation is fully operational. This new Subcommittee has subsumed the functions of the Professional Development Subcommittee, which has now been disbanded, having played a vital role in laying the foundations for revalidation through the planning phase.

Lay Chair	Mr H Robertson
Academic Dean	Professor K T Palmer/Dr I R Aston
President	Dr O H Carlton
Responsible Officer	Dr D Flower
Fellow and trained investigator	Dr M R Groom
Fellow and trained investigator	Dr S C Sheard
Regional Specialty Adviser and trained investigator	Dr M A Rooms
CPD lead	Vacant

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. The Forum did not meet in 2013, but a meeting is planned in summer 2014 to agree a plan to go forward.

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 Professor T P Cullinan Dr A D Curran Dr F D Dick Professor D 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

SINGLE ORGANISATION WORKING GROUP

This Working Group has been set up to manage the Single Organisation project working towards the establishment of a single organisation for occupational health.

Chair & FOM President-Elect	Dr R J L Heron
FOM President	Dr O H Carlton
SOM President	Dr A M Leckie
FOM Chief Executive	Ms N Coates
SOM Chief Executive	Ms H Todd
Project Manager	Dr R Cordell
Representative for nurses and allied health professionals	Ms C Butterworth
Communications	Ms V Hebditch
Administration and support	Mr P Cullen

REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges	Dr O H Carlton
Assessment Committee	Gp Capt D C McLoughlin
Health Inequalities Forum	Dr I M Kennedy
Academy of Medical Royal Colleges in Scotland	Dr M T Hilditch
Academy of Medical Royal Colleges in Wales	Dr M G Tidley
Alcohol Health Alliance UK	Dr D C Snashall
British Medical Association	
Junior Doctors Committee	Dr R-W Chang
Occupational Medicine Committee	Dr T P Finnegan/Dr I J Murphy
Civil Aviation Authority Aviation Medicine Forum	Dr E J Hutchison
European Union of Medical Specialists	
Section of Occupational Medicine	Dr E B Macdonald/Dr O H Carlton
Faculty of Sport and Exercise Medicine (UK)	Dr M H England
Health and 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
National School of Occupational Health Implementation Group	Professor K T Palmer
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

EXTERNAL WORKPLACE-BASED ASSESSORS

External assessments were discontinued in June 2013.

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

EXAMINERS

S Austin	D F Gallagher	M Jennings	N G Morris	A J Scott
C G Batty	D A Gidlow	RV Johnston	S B Nimmo	D Sen
S R Boorman	M A Glover	D S D Jones	H K Nixon	S C Sheard
A J Bray	N D C Green	C J Kalman	L Ogunyemi	D E Slavin
D L Bruce	Dr I L Griffiths	M Kinoulty	F C Page	J E Spenceley
I M Calder	D J Haldane	M E Lewis	R Pandy	S A Szweda
K M E Champion	J A Halliday-Bell	B P Ludlow	C J M Poole	A C Timperley
J Cartwright	R J L Heron	HT Lupa	M Popplestone	S Turner
N K Cooper	MT Hilditch	M Mansouri	R M Preece	H M J Volk
N J Cordell	T Hussain	R L Marcus	A S Robertson	M E Wright
K A Eraneva	C W Ide	W J McCulloch	P J J Ryan	L P Wright
S A Evans	D I T Jenkins	D C McLoughlin	H G M Sayed	

PROTOCOL REVIEWERS AND DISSERTATION ASSESSORS

L A Adishes	N J Cordell	R P Johnston	L M Rodgers
R M Agius	A M De Bono	I J Lawson	H G M Sayed
S J Alam	A J Eke	P W Lewthwaite	S C Stenton
K Asanati	M H England	A M Martin	I S Symington
J R Beach	F H Fox	J F G McCaughan	M Tohill
J G Bell	M J E Gann	P S Milne	CT B Vivian
A J Bray	M R Groom	P A Noone	E R Waclawski
P S Burge	C K Hari Krishnan	KT Palmer	A N Williams
K Champion	C G Harker	G Parker	M E Wright
S J Chambers	F Hurley	R M Preece	

REPORTS FROM REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges Health Inequalities Forum (AHIF)

The AHIF met four times during 2013. The work of the forum focused on issues such as influencing the social determinants of health, early interventions in childhood to reduce health inequalities, and developing a web-based, health inequalities information resource.

The forum also looked at how faculties and colleges have incorporated the health inequalities core competency framework, which was developed in 2008, into their curricula, and how these competencies have been assessed in practice. A scoping exercise has shown that the majority of colleges have incorporated competencies well into curricula and used current methodologies to assess them, eg through workplace based assessments (WBAs).

The Forum established that the General Medical Council (GMC) and the Academy are currently developing a framework for generic professional capabilities, which should lead to the Academy revising its Common Competency Framework (competences or capabilities, which all doctors must acquire during core specialty training). This framework would include competences/capabilities with relevance to health inequalities; so it was decided to await the outcome of this revision before progressing further work in this area. A copy of the health inequalities framework has been forwarded to the GMC for consideration as part of their initial developmental work.

The forum has commenced work to support a project to achieve parity between mental and physical health. This project, coordinated by the Royal College of Physicians, includes initiatives and approaches to accord equal value to mental health and physical health.

Over the next year, the forum is planning to undertake work on issues of sexual health for marginalised groups, who suffer inequalities in accessing sexual and general health care. The Association for Sexual Health and HIV (BASHH) and the Faculty of Sexual and Reproductive Healthcare within the Royal College of Obstetricians and Gynaecologists have been approached in order to develop this work.

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 Occupational Medicine Committee (OMC) is a standing committee of the British Medical Association (BMA) and currently has eight members, three elected annually by the representative body, three by BMA Council and one ex officio member of BMA Council, representing occupational medicine. I became the joint Faculty of Occupational Medicine and Society of Occupational Medicine representative on the OMC in August 2013, taking over from Dr Tim Finnegan, the Faculty's previous representative. With the Faculty and Society now having a joint representative this has created a seat, which the OMC is currently seeking approval to fill with an occupational physician in training.

The OMC, which is chaired by Dr Paul Nicholson, meets three times a year (in January, April and October). Members of the OMC are all occupational physicians from a range of organisations.

The BMA supports the principle of all working people having access to comprehensive specialist-led occupational health services. More specifically the OMC's terms of reference are:

- to consider and report on matters affecting the health, safety and welfare of persons at work and the practice of medicine in industry and allied occupations;
- to advise the Association on the implementation of health, safety and welfare legislation as it affects its members and their working environment.

The BMA's secretariat supports the OMC and administers an email list-server, which keeps OMC members in touch and allows matters to be discussed between meetings. The Faculty, through Nicky Coates, provides a written update of Faculty activity and priorities before each meeting as a standing agenda item.

A brief summary of some of the main work and priorities of the OMC in 2013 is as follows:

- The GMC's revalidation process began in December 2012. There was communication between the OMC and the Faculty's Responsible Officer, Dr David Flower, throughout 2013 about how revalidation is affecting individuals and organisations choosing to revalidate through the Faculty.
- The Working Longer Review was set up in 2012 to consider the implications for NHS staff of

working longer, given the changes being made to the NHS Pension Scheme from 2015. The chair of OMC has represented the BMA as part of this review.

- Changes to the Medical Certificate of Cause of Death are due to be implemented in April 2014. The OMC has been involved with providing guidance for doctors concerning occupational causes of death.
- Medical students and junior doctors. The OMC has been represented on the General Medical Council's Working Group considering the Fitness to Practise Declaration in relation to adverse health of medical students and junior doctors.
- The OMC raised concerns with NHS England about reports last year of threats to the continued funding of occupational health services for NHS general practitioners and their staff.
- The government has now extended the tax exemption to medical treatments recommended by employer-arranged occupational health services in addition to those recommended by the new Health and Work Service.

Ian Murphy

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 2013 were:

Cabin Crew: The European Aviation Safety Agency (EASA) Implementing Rules for cabin crew will come into force in the UK on 8 April 2014. Medical examinations or assessments can only be conducted by Aero-Medical Examiners (AMEs) or Occupational Health Medical Practitioners (OHMPs) who have been approved by the Civil Aviation Authority (CAA). In order to be considered for approval, OHMPs must be included on the General Medical Council (GMC) Specialist Register for Occupational Medicine and have had additional training in aviation medicine. The CAA has also published an alternative means of compliance to the EASA acceptable means of compliance. Further information is available from the CAA's web pages.

Air Traffic Control Officers: The harmonisation of air traffic controller licensing requirements is progressing and EASA Opinion No 11/2013 "Licensing and medical certification of air traffic controllers" has been published and will now go to committee. The CAA will make a document highlighting the changes from the Eurocontrol European Class 3 certificate

available later in the year when the final regulation has been published. It is likely that the EASA Class 3 rules will be implemented in 2015.

Diabetes Panel: On the 27 and 28 February 2014 the CAA and EASA co-hosted a workshop at Gatwick on the aero-medical certification of pilots with insulin-treated diabetes. The event was attended by experts in diabetes from around Europe together with Aviation Medicine Specialists from the International Civil Aviation Organization (ICAO), Europe, Australia, USA, Canada and Singapore. At the end of the workshop EASA announced that it will recommend acceptance of the CAA's application to derogate from the rules on this issue on the basis that pilots are restricted to operating "G" registered aircraft. Other member states may file similar derogations.

Aviation Health Unit: The Committee on Toxicity published their final report end in October 2013 on cabin air. The committee is a panel of independent experts who advise government and other agencies. Their report follows studies on cabin air in various aircraft types. The committee concluded that it is unlikely that reported health conditions are related to cabin air quality. The Department for Transport have accepted these findings and there are no further proposals for research in the UK for the time-being.

ICASM Oxford September 2015: The International Congress of Aviation and Space Medicine (ICASM) will take place in Oxford in 2015. This will bring aviation and space medicine experts from around the world together for a week of presentations and technical visits.

Specialty of Aviation and Space Medicine: Following the publication of the GMC's 'Shape of Training' review the process for approval for a new specialty in aviation and space medicine is progressing again. The specialty advisory committee is working on stage two of the application for GMC approval of the full curriculum.

Ewan Hutchison

Medical Council on Alcohol

I represent the Faculty on the Medical Council on Alcohol (MCA), and I am also a member of the MCA's Executive Committee. The MCA's mission is to reduce alcohol-related harm by improving the understanding and management of alcohol related problems. One of the unique features of the MCA is that members come from all medical specialties, and input from me and other occupational physicians

in the MCA is welcomed. I am invited to review publications covering occupational health issues for the MCA's Journal, *Alcohol and Alcoholism*. This year I reviewed the new book from Mike McCann (another Faculty and MCA member), *Alcohol, Drugs and Employment*. As well as attending meetings of the Executive Committee, and the Annual General Meeting and Annual Symposium as usual, this year I also attended a special MCA Strategy Away Day to work out a clear view for the future and a proposed three-five year plan.

New developments in 2013

- The MCA's AGM and Symposium in November was on 'Alcohol and the Acute Hospital'. There were talks from psychiatrists and from physicians which emphasised the extent of the health burden from alcohol misuse. There is clearly a need for greater co-operation between specialties.
- Kieran Moriarty, Consultant Gastroenterologist, and Alcohol Services Lead of the British Society of Gastroenterology, put forward the case for Alcohol Care Teams to reduce acute hospital admissions and improve quality of care. The teams would have the responsibility to collaborate with other stakeholders to develop and implement a district alcohol strategy. For every two patients referred to the Alcohol Nurse Specialist there would be one less re-attendance within the next 12 months.
- Adrian Brown, Registered Mental Nurse, from St George's gave a talk on the value of standardised questioning. He gave examples of how vague terminology in general medical assessment can lead to missed opportunities to pick up and treat patients with alcohol dependency and patients at risk of withdrawal. (Exactly what I am trying to address in occupational medicine – see below.)
- Chris Daly, Consultant Addiction Psychiatrist, talked about the RADAR project- Rapid Alcohol Detoxification Acute (Hospital) Referral, a specialist 10-bedded unit in Manchester. He showed data indicating that the unit improves clinical outcomes and is cost effective.
- In occupational health we generally see patients at an earlier stage, but in many ways, intervention in the workplace can help to reverse the course of alcohol misuse while patients still have the chance to turn their lives around and hold on to the many benefits of staying in employment. The Faculty Professional Briefing Day on Alcohol Misuse in the Workplace in April (invited expert speaker Professor Colin Drummond of the National Addiction Centre at the Institute of Psychiatry and chair of the MCA) was a great success. The principal aim of the day was to promote thorough and rigorous assessment of all cases of alcohol misuse in the workplace, and to recognise the opportunity for intervention. Although it was a sell-out there were only about 25 places available. Alcohol misuse always presents a challenge, not only to occupational physicians but also to employers and I am sure that a similar programme for a wider audience within occupational health would attract interest.
- Amongst other things, Colin Drummond talked about new treatments for alcohol dependency. He dismissed the use of disulphiram out of hand as both toxic and ineffective. He said that there was possible value in the use of acamprosate. Since then other MCA colleagues have told me that there is evidence that firstly naltrexone and more recently nalmefene can be effective in alcohol dependence.
- Naltrexone is an opioid receptor blocker. Nalmefene is a newer opioid receptor modulator that has a subtly different profile at opioid receptor subtypes, with increased relative potency for kappa opiate receptors compared to its potency at mu opiate receptors. It was studied here because it has been shown to have potential for reducing alcohol consumption.
- I was invited to talk at an Alcoholics Anonymous (AA) seminar in October. Delegates included AA members, some of whom shared their own experiences, and invited speakers like me. I talked about the value of detailed assessment of alcohol misuse in the occupational health setting, including structured questioning and breath and blood tests, as used in my department at the Royal United Hospital, Bath. I was not surprised that my talk attracted a good number of challenging questions, especially from AA members, but our programme gets results with over 65% of participants stopping drinking and staying in employment.

Colin Payton

REPORTS FROM CONSTITUENCY TRUSTEES

Scotland

Organisational

Since my last report, the single organisation initiative is now moving ahead. Already in Scotland the Scottish Group of the Society of Occupational Medicine (SOM) and the Faculty of Occupational Medicine (FOM) have worked together on a number of conferences. A highlight was in September 2013 at the Royal College of Physicians of Edinburgh where the SOM and FOM held jointly the Scottish launch of the 5th edition of *Fitness for Work*. A keynote address was given by Scotland's Chief Medical Officer (CMO), Sir Harry Burns, and the conference attended by over 100 delegates including affiliate non-medical members of the SOM. The conference was followed by an open presentation and a lively Q and A session on the single organisation. As FOM representative on the SOM Scottish Group committee we continue to work closely together.

Education

Alongside other specialties in Scotland the number of applications to train in Scotland is diminishing. In 2013 just one of three vacant training posts was filled. Although there is considerable work NHS Education Scotland (NES) is doing at a national level to promote specialty training generally in Scotland, FOM members have been promoting the specialty through participation in undergraduate and postgraduate teaching, incorporating Foundation Year rotations and the development of GP Fellowship posts.

Following the General Medical Council's (GMC's) report on occupational medicine training and criticism of lack of objectivity, it has been agreed Educational Supervisors will supervise trainees in different geographical areas. Educational Supervisors are also now part of the Specialty Training Committee and along with the Training Programme Director are seeking to support each other and develop their training skillset, in preparation for the GMC's Recognition and Approval of Trainers. It has been decided to reduce the number of RSAs in Scotland from three to one, but retain the deputies.

Influencing

I have been attending quarterly meetings of the Scottish Academy of Medical Royal Colleges. Along with other specialties the meeting is attended by the CMO, representatives from Healthcare Improvement Scotland and the British Medical Association. Main issues this year have been professionalism, recruitment and retention, safety and quality, and revalidation. I am also a member of the Scottish Academy Revalidation Group. These are privileged

opportunities to promote the occupational medicine perspective and role, whilst ensuring our awareness of wider medical issues in the country.

I have also accepted an invitation to join the Scottish CMO's team of Specialty Advisors. Beginning later in 2014, I look forward to engaging with the CMO in promoting our specialty.

As a FOM representative I presented in a Royal College of Psychiatrists Scotland training workshop in Health for Healthcare Professionals in June. It was well received and a helpful opportunity to network with, and enlighten, colleagues of what our specialty has to offer.

Quality

The number of SEQOHS accredited occupational health services in Scotland is increasing. NHS Scotland Workforce Directorate has actively encouraged, though not mandated, all NHS occupational health services be SEQOHS accredited. The NHS Scottish Senior Occupational Physicians Group is also embarking on some national audit and benchmarking work.

Mark Hilditch

Wales

I commenced my second term of office as the elected Faculty Board representative of Wales in May 2013 at a time when the profile of our specialty continues to grow both within Government and across all employment sectors in Wales. As in the other nations of the UK, it is clearly also a challenging time for business and public/third sector services in Wales but unsurprisingly this has further highlighted the value of our specialty in maintaining worker and organisational health and wellbeing. In my last report I outlined that Welsh Government was considering options to augment the delivery of Occupational Health and Wellbeing in Wales and I was given the opportunity to have a meeting with the Welsh Minister for Health and Social Services in July 2013 to discuss occupational health generally and also review progress relating to the statement about occupational health provision within NHS Wales issued by his predecessor in July 2012. One of the outcomes of this meeting was that Welsh Government would seek 'invest to save' bids from Health Boards in Wales for funding to develop Occupational Health and Wellbeing services and this is underway at the time of writing.

Nationally, I have continued to represent the Faculty within the Academy of Medical Royal Colleges in Wales in addition to continuing in the office of Immediate Past Chair of the Academy. I have provided reports to Academy members about key issues for our specialty including single organisation developments and also our workforce challenges whilst also ensuring occupational health remains an important topic within the regular work of the Academy. Interest in occupational medicine from medical students and doctors in training in Wales remains reasonably buoyant and the Faculty leads continue to contribute to the undergraduate medical programmes in Cardiff and Swansea University medical schools.

Mike Tidley

Northern Ireland

This is my final annual report as Northern Ireland representative as my two terms on the Faculty Board come to an end.

Training

We continue to have two training posts in Northern Ireland.

Health for Health Professionals (HHP)

The Deanery trainee support group continues to develop with their regular monthly meetings, co-ordinating the occupational health follow up for medical and dental trainees in Northern Ireland who require additional support for health, conduct or performance reasons.

Faculty forum members have been co-ordinating the occupational health follow up, enhancing communication, improved transfer of information and education and training of medical managers in this respect. A Northern Ireland Medical and Dental Training Agency (NIMDTA) Faculty development educational day took place on 23 October with Faculty members helping to deliver the programme to relevant lead educators and occupational physicians. Members also presented at a number of other educational sessions including Trust training on the management of trainees in difficulty, mentorship training for anaesthetists and at the Moynihan Surgical Club in October 2013. Further sessions are planned for 2014.

A presentation was given to 65 GP appraisers at their annual appraisal training on the role of occupational health, the service level agreement for occupational health provision for GPs in Northern Ireland and how to identify and support a GP in difficulty at annual

appraisal. The 65 appraisers will appraise all the GPs in Northern Ireland over the next 12 months and hopefully the message of the benefits of accessing appropriate support will get across. We are organising additional training at GP out of practice educational half days, to trainees in general practice and to high risk trainees in obstetrics/gynaecology who were identified in the General Medical Council (GMC) trainee survey as a group in difficulty and a group with the highest reported level of bullying in the workplace. We hope to roll this resilience training out to the next higher risk groups of trainees, namely paediatrics and emergency medicine over the next 12 months.

Training the Trainers

NIMDTA are continuing to explore the general and specialty specific competencies and training requirements for the GMC recognition of trainers. They have asked the Training Programme Director (TPD) for a summary of the current situation and an action plan for clinical and educational supervisors to ensure they are informed, up to date and aware of the curriculum and training requirements in occupational medicine. This template has been completed and an action plan sent back to the Deanery – mainly focussing on self-directed learning for specialty-specific training. There are currently six members involved in the clinical and/or educational supervision of two full-time trainees and a trainee attached for two days per week to Belfast HSC Trust Occupational Health Service.

General Practitioners

A number of issues are being explored with GPs through the new Associate Medical Director structures, including the management of community sharps injuries, better collaborative working with occupational health professionals, advice on fit notes, the promotion of occupational health services to GPs and their staff. This is a developing area and communication, dialogue and partnership-working are improving.

A training day for 60 ST1 trainees in general practice took place on 17 April 2013. This training covered aspects of assessment of fitness for work and fitness certification and was delivered by Faculty members and a multidisciplinary team of occupational health professionals including psychology, physiotherapy, occupational therapy and psychiatry. This was the second running of this course which has extended from a half day to a full day this year. The feedback from GP trainees was positive and this training will now take place for a full day on an annual basis.

Faculty of Medical Leadership and Management (FMLM)

The inaugural meeting of the FMLM in Northern

Ireland took place on 26 February 2013 and I represented the FOM Forum at the meeting. This was a generic meeting around leadership and what the FMLM should be offering its Northern Ireland members. It was a networking opportunity about promotion of occupational medicine with the Chief Medical Officer (CMO) and Deputy CMO being present.

Undergraduate teaching

We ran a three-week student selected component (SSC) in occupational medicine in September 2013. This has continued to remain the biggest SSC with the largest number of medical students attending. Feedback has been extremely positive. Faculty members are exploring options for extending teaching and may extend to delivering a day to final year students as part of their preparation for practice in the near future.

Educational Appraisal

NIMDTA have confirmed with TPDs, the minimum expected requirements for educational appraisal/revalidation:

- teaching the teacher course;
- supervisory skills – eg a clinical/educational supervisor training day;
- trainee support training (doctors in difficulty);
- an equality and diversity online module, currently found on the London Deanery website.

New appraisal documentation has been introduced in the Trust and interestingly the appraisal year has now moved to the calendar year which is different from the Faculty move on the CPD year to end March.

Dr Delia Skan

Dr Skan retired from her post in the Department (DHSSPSNI)/EMAS. Dr Skan was a very active Faculty member, being the Board representative before me and also remaining a member of the Faculty Forum until her retirement. Many thanks to Dr Skan for all her hard work over the years.

National School

There have been informed discussions with the Postgraduate Dean, Associate Dean and Deputy Chief Medical Officer for DHSSPSNI in relation to the proposed National School of Occupational Health. The Dean has replied formally in writing to the Faculty of the decision of NIMDTA and the Department on this. This is to maintain interested observer status, with participation in the steering group if possible, and to observe/shadow in the first year of central recruitment. The NIMDTA decision could be reviewed at that stage.

Single organisation roadshow

The roadshow on a single organisation took place on 21 November 2012. This was well attended by members of the Faculty and Society of Occupational Medicine. A general outline of the proposals was presented along with some useful discussion.

Martin Tohill

Specialist/Specialty Registrars

Education and training

The establishment of a National School of Occupational Health heralds significant changes for current and future trainees. There are potential benefits in centralising recruitment and pooling training opportunities for regions where there are only a few registrars. During the phased addition of countries and streams of registrars (NHS, Industry and Defence) over 2014-2016, the Implementation Group plans to maintain communication and engagement with trainees by a dedicated school website and regular email updates.

Influencing

Trainee communications: Communication between trainees across the UK has improved since May 2013 with the establishment of the trainee e-forum. This has provided networking opportunities and invitations to workplace visits and teaching seminars across Deaneries, as well as an informal means of sharing training experiences. Focussed feedback from the forum directly contributed to the introduction of a Faculty examination feedback tool.

Training newsletters are published six-monthly for trainees and supervisors. These provide updates on formative and summative assessments, courses of interest and contributions from regional trainee groups.

Recruitment: The number of trainees has remained stable at 80 over the past year. We have actively contributed to promoting our specialty by speaking to potential recruits about specialty training and linking with workplaces that can provide work shadowing opportunities and medical student electives. Current trainees come from a variety of backgrounds, from medicine, surgery and anaesthetics to radiology.

Trainee Representation

I am the Trainee representative on the Faculty Board, Specialty Advisory Subcommittee, National School Implementation Group and at Regional Specialty Adviser meetings. Dan Ashdown actively participates in three external committees in his role as Deputy Trainee Representative:

MoHaWK: Dan is a trainee representative of the MoHaWK (Management of Health at work Knowledge) steering group. MoHaWK is an online benchmarking tool which allows users to report their performance against a number of evidence-based clinical performance indicators; users can compare their performance with other occupational health teams to promote and raise standards. The steering group hopes to encourage more teams to use the tool; having a trainee representative on the steering group will in turn increase awareness amongst trainees.

Academy Trainee Doctors Group (ATDG): As part of the Academy of Medical Royal Colleges trainee committee, Dan has contributed to areas of work relevant to our trainees. Key themes of the past year include the 'Shape of Training' review, undermining and bullying of trainees; General Medical Council (GMC) national training survey; cost of training.

GMC Survey Group: Dan represents the ATDG in this group which contributes to the development and analysis of the GMC national training survey. A key concern that is being addressed is the lack of progress dealing with undermining and bullying in training.

Rae-Wen Chang

Affiliating Diplomates

I was elected onto the Board as the affiliating Diplomates' representative in July 2013. This position was brought into existence by the Faculty in 2011, in cognizance of the significant way in which non-specialist doctors contribute to the provision of occupational health services.

Affiliating Diplomates may hold a Diploma in Occupational Medicine (DOccMed), Aviation Medicine (DAvMed) or Disability Assessment Medicine (DDAM). They are likely to have diverse backgrounds. Many are likely to be general practitioners providing occupational health services, on a part-time basis, to local employers. Others, myself included, may be pursuing occupational health as their full-time career.

The Faculty is keen to explore ways in which engagement with Diplomates could be improved. My predecessor, Dr Brendan Dooris, had already made various recommendations, including a review of the Faculty's existing services for Diplomates. My aim is to build upon the good work that he has already started.

In order to understand how the Faculty can help affiliating Diplomates to fulfil their professional and educational needs in occupational medicine, and in order that the Faculty can tailor its efforts accordingly, I proposed that the Faculty conduct a survey of all current affiliating Diplomates; this was undertaken in early 2014.

As well as gathering basic information about their current clinical practice, it will help us to understand why these doctors have chosen to affiliate to the Faculty (only a minority do so), which services they are currently using, and what else the Faculty could do that would be beneficial for them.

The Faculty is also responding to an interesting suggestion from one of our members, regarding the possibility of establishing local networks for Diplomates working part-time in occupational medicine. It can be difficult for such doctors to attend meetings, particularly if they are held during working hours. The Faculty is giving consideration to piloting this idea. The Faculty would have a facilitatory role; however the networks would self-directed, with a Diplomate member acting as the main point of contact for his or her area.

We often hear that occupational medicine is standing at a crossroads. On the one hand we should be ideally positioned to ensure that workers remain as healthy and productive as possible – popular themes with government and industry alike. On the other hand we risk being displaced in an increasingly competitive marketplace. With appropriate support from the Faculty, I believe that non-specialist doctors can play a pivotal role in enabling occupational medicine to meet the challenges it faces.

Jim McLaren

ANNEXES 3 to 6

Contents

ANNEX 3.....	64
ANNEX 4.....	64
ANNEX 5.....	64
ANNEX 6.....	65



ANNEX 3

Award of Fellowship for 2013

Honorary	B K Assoufi	MT Hilditch	C A-M O'Donnell
Professor N Budworth	L Batty	S J Hunt	O Ogunyemi
Mr K Johnston	T Bazas	A P Massey	F C Pickering
Dr L Rushton	D L Bruce	R M C McNeill Love	W J C Ponsonby
	A P Colvin	P A Mellors	A N C Reid
	F H Fox	P Milne	I E St Claire
	I Ghafur	S B Nimmo	

ANNEX 4

Award of Membership for 2013

Winner of the 2013 Peter Taylor Award (for the best dissertation submitted):	OT Bakare	I C Jigau
	G H Bankov	A L Mackay Brown
	E Crofts	A Manzoor
	D Dharmadhikari	K A McKinnon
	Z Dwedari Fernandez De La Puebla	M Menon
Dr A L Mackay Brown	S P C East-Miles	A J Mijares Brinez
	O T-O L Elekima	D Reetoo
	J M Eyears	J Senior
	K A Freer	
Winner of the 2013 William Taylor Prize (for the highest overall score in the Part 2 Membership examination)		Dr F S Watt

ANNEX 5

Award of Diploma in Occupational Medicine for 2013

May 2013 examination				
F O Adenekan	A P Chindripu	R Farmah	M A U Khan	T Policarp
S S Agboatwala	A J M Connor	N Gupta	C M O Lauvray-Bouillet	K S Rajput
K Altaf	L Creighton	R Harb	A J Mayers	C L Royston
K Bates	N S Dang	R C Hopkins	S C McHardy	S L Smallcombe
A Birliga	C J Ellis	R Jaiswal	S Mulder	M J Stenton
A O Buluro	K P Elsby	S M Kan	D A Payne	R N A Wood
No of candidates sitting (able to pass full diploma at this sitting): 44				
No of candidates passing: 30				
Percentage passing: 68%				
November 2013 examination				
N Afakwu	M H V Delhanty	P D Kapff	R M Patel	A J Smith
M H Aga	S Dhas	Z A Khalifa	A L Petreanu	M F C Steiner
M Ali	B C Ferrao	S Mahabaduge	J Rattan	M J Thomas
M O Balogun	N J Flanagan	E C McCollum	C C Renfrew	O Topala
C J Bayer	C J Graham	C L McGill	S M Rogers	G I Walters
K A Collins	M B Green	J M McVicker	R E Salvador Pinto	S A L Whiter
A-M Chiorean	T Gulai	E Mirzazadeh	E B Sawacha	
D Cooke	M D Hadland	Y K Oo	F A Siddiqui	
R Davies	M C Ignatescu	C Parikh	W P Simukonda	
No of candidates sitting (able to pass full diploma at this sitting): 56				
No of candidates passing: 42				
Percentage passing: 75%				
Winners of the 2013 awards for the highest overall scores			Dr C J Graham	
			Dr R C Hopkins	
			Dr S C McHardy	

ANNEX 6

Award of Diploma in Aviation Medicine for 2013

C J Benson	W Feng	B P Lashbrooke	H Ranfelt
F J M Davies	J Flatt	A L Mackay Brown	M Stone
A P Davy	M Y Ho	A A D Minkley	A J Wrigley
A Dollman	J M Hynes	R Monberg	
D Ellison	C Jack	E D Nicol	
No of candidates sitting: 21			
No of candidates passing: 18			
Percentage passing: 86%			

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 W Feng
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 D Ellison



Faculty of Occupational Medicine

Faculty of Occupational Medicine

3rd Floor, New Derwent House
69-73 Theobald's Road
London
WC1X 8TA

t: 020 7242 8698

f: 020 3116 6900

e: fom@fom.ac.uk

www.fom.ac.uk

Registered Charity No 1139516

Scottish Charity No SCO40060

Registered in England No 07461063

VAT Registration No 798 6604 62