



Annual report and accounts

2014

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 age population through outstanding occupational health capability

Our values

Collaborative, Authoritative, Relevant, Ethical

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Whilst this is a review of the year January – December 2014, there will be occasional reference to activities in early 2015, where appropriate.

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EXECUTIVE SUMMARY

2014 was a year of considerable change in the Faculty. Two significant projects reached their conclusion, with the creation of the National School of Occupational Health in August and the Trustees' resolution to members about the creation of a new organisation for occupational health in September.

The Faculty membership statistics show that the total number of Associates and specialist occupational physicians decreased by more than 3% in 2014. Given the age profile of the membership, this decrease is likely to accelerate over the next ten years.

It is therefore vital in order to meet our charitable objects to protect the health of workers that we dramatically increase the occupational medicine workforce to mitigate the impending shortfall. The Faculty is tackling this issue by removing two key barriers that inhibit entry to this workforce. Many junior doctors were unaware of occupational medicine when choosing their specialty and many GPs and mid-career doctors would like to increase their occupational health portfolio but are unable to commit to specialty training. To combat this, the Faculty:

- established the National School of Occupational Health;
- will be introducing a new route to Associateship (AFOM), through the Part 2 Membership examination, in 2015

The creation of a multidisciplinary National School of Occupational Health is the culmination of a project that began with the GMC's small specialty review of occupational medicine in 2011-12. <http://www.fom.ac.uk/wp-content/uploads/GMC-Small-Specialty-OM-Report.pdf>

The aim of the National School is to provide a platform for high quality training and to facilitate entry into the specialty via national recruitment. We are pleased that Professor John Harrison, previously Academic Dean of the Faculty, was appointed as Head of School under the guidance of Julia Whiteman as Postgraduate Dean. At the time of writing, there have been three recruitment rounds with increasing numbers of applicants and more 'appointable' candidates on each occasion. The centralised School provides much clearer data about trainee numbers, which means that it is easier for the Faculty to make the case for increased funding from Health Education England and other funding bodies.

The new route to Associateship (AFOM) is designed to meet a demand from mid-career doctors who are looking to enhance their competence and qualifications, but who are not able to commit to full specialty training. This new pathway will allow doctors who meet certain requirements to be eligible to take the Part 2 Membership examination. For those doctors who wish to proceed further with qualifications, the AFOM could then be used as one of the building blocks for an application for entry to the GMC specialist register via the CESR (Certificate of Equivalence for Specialist Registration) route. While it is important to increase the number of doctors gaining qualifications in occupational medicine, the Faculty is also aware that it must provide services and benefits that are useful to members and help to enhance their practice.

Part of our role as the professional body for occupational medicine is to influence government policy and other key stakeholders so that the workers are safe and healthy throughout their working lives. Our President, Richard Heron, and executive team are engaged with senior decision makers about how occupational health provision can reach more workers in the UK.

The new *Fit for Work* service, aimed at making occupational health advice available to all workers, is being launched; the contract was awarded to a SEQOHS accredited provider, which we had suggested as a minimum level of quality assurance. SEQOHS remains an important element of our Quality Improvement agenda and we are seeing a steady increase in the number of services achieving SEQOHS accreditation.

The Faculty believes that return to work should be measured as a clinical outcome; given the correlation between worklessness and mental ill-health, it is essential that all healthcare professionals are aware of the occupational implications of any intervention on a patient. This vision for bringing occupational health into the mainstream of healthcare provision has been articulated to NHS England, the Department of Health and others, including all members of the Academy of Medical Royal Colleges.

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The aim of the Single Organisation project was to present a proposal to members for a new organisation which would be better placed to deliver services and benefits efficiently. While the resolution was ultimately unsuccessful, the project has proved to be a valuable exercise for the Faculty. We have received meaningful feedback from a high proportion of members which is now informing our strategic priorities over the next three years and beyond, and which made clear that the majority of members wish the two organisations to work collaboratively across a number of areas.

During the project we scrutinised our processes and services. Our executive team is now taking forward various changes including exploring improved infrastructure and systems solutions and detailed governance, strategy and communications reviews. These reviews are part of a widespread commitment to improving the way the Faculty operates so that we can achieve our charitable objects as effectively as possible and improve our service to our members.

Finally, the Faculty could not function or succeed without the significant contribution of our members, many of whom dedicate considerable time and energy on a voluntary basis. We and our constituents are sincerely grateful for their support and invaluable input.

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INTRODUCTION

In last year's Annual Report, I set out four commitments that I would like to progress during my three years as President, with the support of our members and our Board.

As I have immersed myself into life at the Faculty, I have been struck by just how many different streams of work are being taken forward at any one time. With limited resources, we have to carry out as many functions as each of the Royal Colleges and Faculties, most of whom are significantly larger. Indeed in some cases, as with revalidation, our responsibility is greater than other Colleges because we are listed in statute as a Designated Body.

None of this would be possible without the continued commitment of you, our members, who make such a significant contribution to our work. Over three hundred members volunteer or give up their time in some capacity of Faculty work, which is a staggeringly high proportion of our sum. I know how hard it can be to combine busy lives with such service and to each of you who give so freely of your time I thank you.

My biggest priority is to ensure that we reverse the downward trend in trainee numbers so that we can use the specialist skills of occupational physicians to support the UK workforce; increasingly this will be an ageing workforce with complex long-term conditions who will require support from a complementary and multidisciplinary occupational health team. I have taken time to listen to trainees on several occasions and had several productive meetings with Health Education England, NHS England and the Department of Health on the issue of training posts. I am confident that the proposals we have made are being heard. I hope we will see the results of that work in 2015 and onwards.

The autumn brought a significant moment, when members were asked to vote on the creation of a single organisation for Occupational Health. While a majority of Faculty members who expressed an opinion voted for the resolution, the Society vote was not high enough to achieve a constitutional change. Though many will be disappointed by the outcome, I was tremendously encouraged by the high levels of member engagement in the run-up, and at the vote itself. I have personally valued the opportunity to listen to the opinions of so many of you, and to continue to work closely with the Society of Occupational Medicine on matters of mutual interest. More information about the project can be found in the organisational section on page 26.

We launched the National School of Occupational Health in August. It is our duty to ensure that occupational health training is robust and high quality. I am confident that the School will come to symbolise the best elements of our specialty, with a strong emphasis on multidisciplinary education and sharing best practice in a supportive and collaborative environment.

The Faculty continued to advise civil servants as they developed the new *Fit for Work* service which was launched in January 2015. The tender stipulated that the service should be SEQOHS accredited and we look forward to supporting the *Fit for Work* service; many workers do not have access to specialist advice on return to work, so this service has the potential to reach those in need, particularly if GPs are able to see the benefit to patients of creating a 'return to work' programme.

SEQOHS has continued to grow and is now recognised by employers as an industry standard. Over 150 services have gained accreditation and nearly 200 more are on the way there to help us meet our stated target of doubling SEQOHS accreditations during my presidency. When the standards were launched in 2010, we committed to reviewing them after five years. So throughout 2014, we undertook an extensive consultation and sought wide-ranging feedback, through a survey which gained more than 150 responses. The new standards have now been published and are being phased in throughout this year and next.

In June, I commissioned a Research Strategy Working Group to develop a more focused, national research strategy, with a view to strengthening the evidence base needed to meet the occupational health needs of the working-age population over the next 10-15 years. I am delighted that Drs Julia Smedley and Ira Madan are leading this work as co-chairs of the group and look forward to receiving their recommendations in due course.

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Dr David Roomes was appointed as Public Health Lead in July, tasked with forging links with colleagues at the Faculty of Public Health and Public Health England. Our goal is that all Joint Strategic Needs Assessments (JSNAs) should be reviewed by a specialist occupational physician with a view to understanding the health needs of the working-age population in each locality.

Our strategic Board away day in October focused on 'influencing government and other policy makers'. I found it valuable and I hope that our Board and Executive committee also took away ideas about how to wield influence with policy makers and others. We also want to attract more of the brightest medical graduates into occupational medicine training. Our new marketing and communications strategy will highlight the messages and media through which we hope to engage medical students, junior doctors and mid-career doctors.

All the work I have mentioned above will continue through 2015 and beyond. Having charted our progress against objectives using data metrics, I do believe that we are starting to see signs of growth. The loss of training posts has levelled off and I hope that we will shortly see it growing again; likewise more doctors are choosing to take Faculty examinations with the aim of attaining our well-valued qualifications.

I am not able to thank individually all of those who contribute to the Faculty's work, but I would like to extend my thanks to Dr Raymond Johnston, who served as Registrar and Deputy President for four years. Raymond kindly agreed to stay on until December to ease my transition into the role. Dr Julia Smedley was appointed as the new Registrar and I look forward to working closely with her and all my fellow Executive Committee and Board members.

Nicky Coates left the Faculty in April 2015. It is probably overdue that we thank her and recognise her contribution.

Nicky steered the Faculty through many challenges to a number of significant achievements over recent years – few realise the difficulties faced in running a charitable organisation, where large parts of the delivery are dependent on the discretionary efforts of a volunteer workforce. She was appointed as interim Chief Executive (part-time, 3 days a week) in January 2005 and then interviewed for and successfully took on the full-time role later that year. With her drive and 'can-do' attitude Nicky has helped several Presidents and many more Officers deliver the Faculty's objectives. She has always worked tirelessly to enhance our reputation, being active on the front line, manning stands at important meetings and raising our profile with articles in key publications.

She developed our communications with the e-newsletters, our relationships with key stakeholders, and managed the upheaval of the move from St Andrew's Place. I have seen her work at first hand as she liaised with the Royal College of Physicians on SEQOHS issues, and the Society on appraisal and revalidation.

I have particularly welcomed the work Nicky has done (with Hilary Todd) to cement the strong relationship we have with the Society of Occupational Medicine.

For these and much more – thank you Nicky.

Richard Heron
President

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BOARD OF TRUSTEES, OFFICERS, AND OTHER KEY APPOINTMENTS

The Board and Charity Trustees

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. The Trustees are also the directors of the company under the Companies Act 2006. Except where indicated, the following all served as Trustees and directors throughout 2014:

Dr Olivia Carlton	President (to 28 May 2014)
Dr Richard Heron	President-Elect/President (to/from 28 May 2014)
Dr Ian Aston	Co-opted member (Academic Dean & Deputy President)
Dr Alan Bray	Universally elected member (from 28 May 2014)
Professor Neil Budworth	Lay representative nominated by the Confederation of British Industry (from 17 March 2014)
Professor Sherwood Burge	Representative of the Royal College of Physicians
Dr Aidan Challen	Co-opted member (Associate) (from 22 September 2014)
Dr Rae-Wen Chang	Elected representative of Specialist/Specialty Registrars
Professor Jane Dacre	President, Royal College of Physicians (from 29 July 2014)
Dr Jim Ford	Universally elected member
Dr Imran Ghafur	Universally elected member
Professor David Gradwell	Co-opted member (aviation medicine) (to 22 August 2014)
Dr Mark Groom	Co-opted member (Treasurer)
Mrs Barbara Harrison	Lay representative nominated by the Confederation of British Industry (to 17 March 2014)
Dr Mark Hilditch	Elected representative of Scotland
Dr Sue Hunt	Universally elected member
Dr Ray Johnston	Co-opted member (Registrar & Deputy President)
Dr Ioana Kennedy	Universally elected member
Dr Michael Lambert	Elected affiliating Diplomate (from 7 October 2014)
Dr Jim McLaren	Elected affiliating Diplomate (to 7 October 2014)
Dr David Mills	Elected representative of Northern Ireland (from 28 May 2014)
Dr Graeme Nicholson	Elected representative of Regional Specialty Advisers
Ms Sarah Page	Lay representative nominated by Trades Union Congress
Dr David Roomes	Universally elected member (from 28 May 2014)
Sir Richard Thompson	President, Royal College of Physicians (to 29 July 2014)
Dr Mike Tidley	Elected representative of Wales
Dr Martin Tohill	Elected representative of Northern Ireland (to 28 May 2014)
Dr Ian Torrance	Universally elected member (to 28 May 2014)
Dr Peter Verow	Universally elected member (to 28 May 2014)

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Officers

Except where indicated, the following held office throughout 2014:

Dr Ray Johnston	Registrar (Deputy President)
Dr Ian Aston	Academic Dean (Deputy President)
Dr Mark Groom	Treasurer
Dr Jayne Moore	Director of Training
Gp Capt David McLoughlin	Director of Assessment
Dr Simon Sheard	Director of Quality Improvement
Ms Nicky Coates	Chief Executive

Other key appointments

Dr Jon Spiro	Deputy Director of Training
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/Dr Steve Nimmo	Chief Examiner Research Methods (to/from 31 May 2014)
Dr Steve Nimmo/Dr Kaveh Asanati	Deputy Chief Examiner Research Methods (to 31 May/from 10 July 2014)
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
Dr Blandina Blackburn	CPD lead

SEQOHS (Safe Effective Quality Occupational Health Service)

Dr Sally Coomber	Clinical Lead
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HWDU (Health and Work Development Unit)

Dr Sian Williams	Clinical Director (to August 2014)
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PRINCIPAL ADVISERS

Bankers:	Lloyds Bank plc Langham Place Branch PO Box 1000 BX1 1LT	Charity Bank 194 High Street Tonbridge Kent TN9 1BE
	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 Gosford 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 9-10. Particulars of the Faculty's professional advisers are given above.

The Faculty Board presents its annual report for the year ended 31 December 2014 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.

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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 in which 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 the Statement of Recommended Practice (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 2014 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.

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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. On the advice of the auditor during 2014 the Faculty changed how it assesses risk. Detailed consideration of risk is delegated to the Executive Committee, which at each meeting has an in depth review of one high risk area. 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 National School of Occupational Health, established in 2014. 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.

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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 2014, together with impact reports are set out under the following five headings: influencing; educational/professional; quality improvement; strengthening the evidence-base; and organisational. Objectives for 2015 are set out on page 32.

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.***

The President and other Faculty officers have devoted considerable time and energy to influencing key stakeholders and decision makers. This has included meetings with Ministers, Shadow Ministers, the Chief Executive and Medical Director of the NHS, the Chair and Chief Executive of the General Medical Council (GMC), the Chief Executive of the Care Quality Commission, and senior personnel in Public Health England and Health Education England.

Seeing return to work generally recognised as an outcome measure

The President has recommended further evaluation of this measure with a view to implementation with Simon Stevens (Chief Executive, NHS), Sir Bruce Keogh (Medical Director, NHS), Professor Jane Dacre (President, Royal College of Physicians), Adam Bailey (Head, Sickness Absence Policy at the Department for Work and Pensions) and Professor Kevin Fenton (National Director for Health and Wellbeing, Public Health England).

Becoming recognised as the main contact point for occupational health for government, other professionals and the media

Statements were issued before and after the announcement of the new *Fit for Work* Service, and this matter along with others was discussed at the regular meetings, held jointly with the Society of Occupational Medicine, at the Department of Health.

Following the membership vote which resulted in the potential merger not going ahead, there have been discussions with the Society of Occupational Medicine about ensuring that major policy statements on occupational medicine and health are agreed and issued jointly.

Efforts to increase public awareness continued through co-operation with the BBC on two programmes on work and health; and by contributing to the Kings Fund debate on the NHS's *Five Year Forward View*.

Ensuring every Joint Strategic Needs Assessment (in England) is reviewed

The Faculty of Public health has agreed to pursue this as a joint enterprise and it is expected this will become operational in 2015.

Occupational health and the economy

The importance and benefits of occupational health to employers and the national economy has been discussed with officials from the Department of Health and the Department for Work and Pensions; and promulgated in a letter to all FTSE 100 companies.

NHS

The case for the positive contribution that a strengthened occupational health workforce could make to reducing costs to the NHS; and the benefit to patient care of an enhanced occupational health service within the NHS, has been discussed in meetings with Simon Stevens; through a presentation to Simon Stevens, Dame Carol Black and the Academy of Medical Royal Colleges; and by encouraging occupational physicians to persuade their local NHS Trusts to progress the recommendations of the Boorman Review about the health and wellbeing of NHS staff. It is apparent that there is an increasing awareness of the importance of good occupational health services for the NHS workforce; in the NHS *Five Year Forward View*, the plans to create 'a healthier NHS workplace' included a commitment to 'review with the Faculty of Occupational Medicine the strengthening of occupational health'. The Faculty will be working proactively with the NHS on this commitment in 2015.

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Planning and strengthening the workforce

Workforce planning, strengthening the workforce and stemming the reduction in specialty trainees have been major priorities. The Faculty has embarked on the creation of a marketing strategy, with input from members and from a marketing specialist. A contribution was submitted to Health Education England's 2014 workforce planning report and to a workforce project being run by the National School of Occupational Health and the Council for Work and Health. The Faculty has held several discussions about funding for training posts with Health Education England and the Department of Health and also with the GMC, about allowing part time trainees to work in parallel as part time GPs. Plans were also made to strengthen the occupational medicine workforce by creating a new route to Associateship of the Faculty, which is expected to go live in 2015. The Faculty has also lobbied the Centre for Workforce Intelligence about the need to see occupational medicine recognised as a shortage occupation.

2014 saw the continuation of a major long term workstream to increase awareness in medical students through funded academic visits and electives. Five careers fairs were attended. The programme of training days on progressing to the GMC specialist register through the CESR (Certificate of Equivalence for Specialist Registration) route was continued, with GMC support.

The Faculty's plans to market the specialty more effectively were given a boost by the commitment from Health Education England (HEE) to help with marketing, by offering a part time seconded Leadership Fellow.

The Faculty can now offer placements in occupational medicine to junior doctors, owing to the support of members and their organisations; 22 organisations have offered to be hosts and 12 placements have been made. The Faculty also continued to encourage GPs to take the Diploma in Occupational Medicine to support their work in primary care on health and work. The Faculty's popular booklet, *Common work-related health problems*, directed at primary care, was reprinted and distributed widely.

The prevention agenda

The prevention agenda has been progressed in discussions with the Chair and Chief Executive and others in Public Health England (PHE); and the President has joined PHE's Health and Work Board.

There is also ongoing liaison with other key partners including the President of the Royal College of Physicians and presidents and senior officers in other colleges, as well as through discussions with nursing and physiotherapy representatives and regular contact with government officials.

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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 2017***

Increasing the number of trainees

Increasing the number of trainees is essential for the ongoing success and stability of the specialty. The National School of Occupational Health is part of the plan to increase the number of trainees but work by the Faculty officers and staff has continued with regular meetings with the Department of Health (DH), Health Education England (HEE) and the Centre for Workforce Intelligence (CfWI). These bodies are aware of the critical situation the specialty is in and are sympathetic to our needs.

The National School itself became fully established during 2014 and is now the main hub of occupational medicine training in England and Wales. The relevant authorities in Scotland and in the Defence Medical Services attended as observers and have decided that they will be joining the National School. A representative from Northern Ireland also attends as an observer.

There is no doubt that occupational medicine is poorly understood by many of the organisations and people with whom we interact. The limited understanding is especially prevalent in medical students and junior doctors; this acts unfavourably when junior doctors have to make decisions for their long term careers. Late in 2014 the Faculty embarked on a strategy to ensure that the message of an interesting career within, and the value of occupational medicine to, all organisations can be given in a consistent, clear, and simple fashion. The Faculty has had regular representation at several careers fairs with information aimed particularly at junior doctors and also general practitioners. Those who express interest at a careers fair have follow up emails sent by the Faculty. The Faculty also has the cooperation of several organisations which can provide placements for medical students and give them some practical experience of the activities.

Exploring the potential of extending Faculty examinations overseas

The Faculty has approved a centre in Dubai as the first overseas course centre providing training for the Diploma in Occupational Medicine examination (DOccMed). Two other overseas course centres are being considered for approval. Dr Alan Bray is the honorary occupational physician lead on a project to run a written and clinical examination overseas. Detailed discussions were held with the President of the Indian Association of Occupational Health and other representatives exploring the practicalities of running an examination in India. A proposal with outline costings was prepared and forwarded in late autumn and a response is awaited.

Other examinations

Although we are yet to see an increase in the number of overseas candidates taking the examinations, the total number of candidates taking the DOccMed examination has risen from 158 in 2013 to 188 in 2014. In order to help meet this objective to increase examination candidates, a new qualification which will be available to nurses and allied health professionals is being considered.

In addition to this the Faculty will be creating a new career pathway in occupational medicine by establishing a new route to Associateship of the Faculty. This will be launched in 2015.

There was considerable work during 2014 to develop new assessment methods and to quality assure examinations. In line with the national guidance from the General Medical Council (GMC) and the Academy of Medical Royal Colleges, the Faculty Workplace Based Assessment (WBA) Advisory Group has re-designed DOPS (Direct Observation of Procedural Skills) as Supervised Learning Events (SLEs). A range of SLEs have been developed that are more informative in nature with improved feedback and a clear link to the curriculum. SLEs for audiometry, spirometry, biological monitoring, workplace assessments and communication activity were piloted during 2014. The Faculty plans to add these new SLEs to the curriculum in the near future. The use of quality assurance assessors was extended to all Faculty oral examinations during 2014. The role of the assessors is to ensure there is a uniform and fair standard applied by all examiners, and that there is no discrimination in relation to any of the protected characteristics described in legislation. They also contribute to the appraisal and performance review of examiners by giving immediate oral and written feedback.

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The Faculty has undertaken a number of actions in order to address course centre concerns about HAVS (Hand Arm Vibration Syndrome) examinations. New examination regulations and detailed guidance notes for candidates and course centres have been produced. The question bank has been internally and externally reviewed and a new post of Deputy Chief Examiner HAVS has been created. In addition, a HAVS advisory group has been formed in order to develop new questions and to improve communication between the Faculty and the course centres.

The Faculty provided training for 20 newly appointed examiners in February 2015. The training focused on examination regulations, the role of examiners, the new examiner handbook and avoidance of bias. In addition, there were opportunities for practice marking and oral examinations.

Shape of Training Review

This review was published in October 2013. There has been considerable discussion about the planned changes to medical training. The Faculty had representatives at many of the multi-specialty meetings, but the implications of the changes on training in occupational medicine are unclear at present.

Academic Forum for Occupational Medicine

A meeting of the Academic Forum took place in Manchester in December 2014 and there will be a further meeting in July 2015 to agree research priorities for occupational medicine and health.

Other matters in training and education

National conferences are a key part of the continuing professional development (CPD) programme, along with smaller CPD events like professional briefing days and health for health professionals training.

In 2014 the Faculty held three national conferences. The Annual Scientific Meeting in May featured a balance of retrospective presentations and forward-thinking lectures. Professor Sir Anthony Newman Taylor delivered the McCallum lecture, giving an appreciation of the work of Sir Austin Bradford Hill.

Our autumn conference was held in Birmingham, focusing on quality improvement in occupational health. The feedback from the day was outstanding and we were fortunate to have an eminent roster of speakers, including Niall Dickson, Chief Executive of the GMC and David Behan, Chief Executive of the Care Quality Commission.

The final conference of the year celebrated the 40th anniversary of the Health and Safety at Work Act. Attendance was strong for this conference, at which several presentations prompted lively discussions about the current state of health and safety in the UK.

Our Health for Health Professionals Training programme, aimed at those working with doctors suffering from health problems, continues to grow year on year. In 2014, there were seven training days and more than one hundred members attended at least one of them. This is an emerging area of practice and we have been fortunate to receive support from organisations such as the GMC, National Clinical Assessment Service (NCAS), MedNet, Practitioner Health Programme (PHP) and Royal College of Psychiatrists to deliver this training.

There were two Professional Briefing Days in 2014. The first one in June featured a detailed analysis of how to use statistics in research projects, so was of particular interest to trainees doing dissertations for Membership. Our thanks go to Georgia Ntani, a statistician from the University of Southampton, who gave her time to run this highly informative day. The other day in 2014 took place in Manchester and focused on employment tribunals. Professor Diana Kloss and Dr Gordon Parker ran the session, leaning on their extensive experience in this challenging area.

Our programme of events for 2015 will include more professional briefing days and health for health professionals training. Wherever possible, we have explored the possibility of running these smaller events across the UK so as to give members the best opportunity to attend, regardless of where they are based. However it continues to be most practical to run the majority of our events in London; this is partly due to logistical convenience but also because London is the most easily accessible location in the UK for many.

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We also look forward to our Annual Meeting being hosted by the Society of Occupational Medicine, as part of their Annual Scientific Meeting from 6-9 July 2015. Our Board hopes this will be the first of many successful collaborative events with the Society.

Kate Venables, as Chief Examiner (Research Methods), demitted office in May 2014 and enormous thanks must go to her for developing and improving the assessment processes for the dissertations. She has been succeeded as Chief Examiner by Dr Steve Nimmo. Dr Kaveh Asanati has been appointed as Deputy Chief Examiner (Research Methods).

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***

The quality improvement agenda for all clinicians continues to evolve. The Faculty of Occupational Medicine's vision is to facilitate or give all clinicians working in occupational health help to learn, master and apply methods for quality control, quality improvement and quality planning. This can only be achieved by tapping into the knowledge of our members, sources of expertise in the organisations in which our members work and use of networks, conferences and training all of which depends on willing and engaged participants. This will continue to involve many workstreams including continuing professional development, revalidation and SEQOHS.

The Faculty's autumn conference was centred on the theme of quality improvement in occupational health. The high quality and expert delivery of the presentations was evidenced by the excellent feedback we received from the delegates. There were presentations on improving occupational health in a large organisation, quality improvement in an industrial setting, on the contribution of lay input to professional bodies, the role of revalidation in quality improvement and the impact of the Care Quality Commission on the quality of care. Delegates had the opportunity to participate in workshops discussing ways to improve quality improvement in occupational health, revalidation and the SEQOHS accreditation process. The day ended with a presentation and Q&A session on the revised set of SEQOHS standards.

In 2014 the Faculty was deeply disappointed by the closure of the Health and Work Development Unit (HWDU) and its National Quality Improvement Programme. HWDU was a partnership between the Royal College of Physicians (RCP) and the Faculty. The Faculty would like to acknowledge the excellent achievements made by the unit since 2007 and thank all the Faculty Fellows and Members who have contributed to the wide range of work undertaken by HWDU. While it was accepted that HWDU could not be sustained in the current financial climate, the Faculty is developing plans to assist colleagues and services with occupational health audits development over the coming years.

During 2014 the Faculty has been working closely with Syngentis, a not-for-profit social enterprise company that provides expert occupational health advice. Coming from NHS Plus, the Syngentis team has specialist health and work expertise and an in-depth knowledge of occupational health in the NHS. Their overarching aims are closely aligned with those of the Faculty to improve the fitness, health and productivity of the working-age population. In particular we are looking to see how MoHaWK, the Syngentis online clinical governance tool which allows services to benchmark themselves against others and provides advice on how they might improve the delivery of the service, can be more widely used as a self assessment tool in the Quality Improvement Framework.

The Faculty and RCP, partners in SEQOHS, have worked hard in 2014 to ensure business as usual for those accredited (over 150 services to date) and looking to accredit, while completing the review of SEQOHS standards. The Faculty has published a report which sets out the background for the consultation process and the content of the responses received. There was a high level of engagement with 178 responses to the survey. The proposals for changes which were put forward have been through an extensive discussion process within the Faculty and with stakeholders including at the Faculty's QI conference in September 2014. The new standards were launched in April 2015. In parallel with the review of the SEQOHS standards, SEQOHS has been working in collaboration with other occupational health organisations to assess the adaptability of the standards in the evolving market place including a pilot, in partnership with the Association of Chartered Physiotherapists in Occupational Health and Ergonomics (ACPOHE). The pilot will enable these occupational health physiotherapy services to run through the SEQOHS accreditation pathway. The services are not being formally assessed for accreditation within this pilot; however the learning and outcomes from the pilot will help to inform the future application of the SEQOHS standards, in recognition of the growth of new and different models of occupational health services. At the same, in conjunction with Constructing Better Health (CBH), SEQOHS has agreed a process whereby occupational health services in the construction industry can be accredited against the core SEQOHS standards, but using construction-specific evidence requirements.

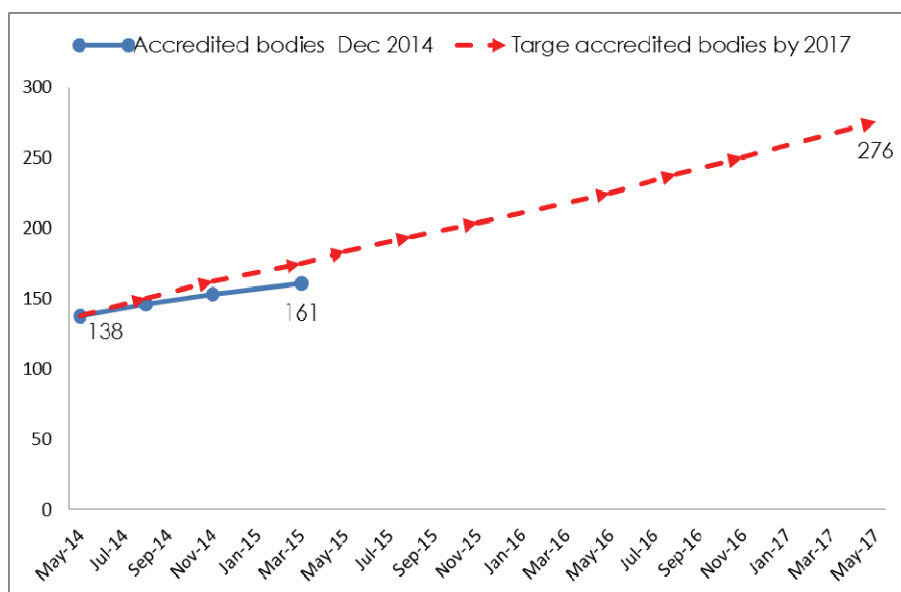
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2015 will see the launch of the revised SEQOHS Standards and it is anticipated that there will be renewal and refreshing of the partnership with RCP in accreditation of SEQOHS; the appointment of a Deputy to the Director of QI; a clear QI Framework for clinicians to include MoHAWk, SEQOHS and occupational health audits under the same umbrella and relating coherently to each other; and a reinvigorated involvement with NICE (National Institute for Health and Care Excellence) guidelines (work-related or clinical condition-related) which would benefit from Faculty input.

Doubling the number of SEQOHS accredited bodies by 2017

The target is to double SEQOHS accredited services between May 2014 and May 2017. As at March 2015, the growth has been from 138 to 161. The target is 276. There are at the time of writing 161 services going through the accreditation process.

Table: The growth of SEQOHS to date



Developing a SEQOHS presence in at least five other countries by 2017

Currently SEQOHS operates in one country outside the UK, which is the Republic of Ireland. Consideration has been given to potential opportunities to develop SEQOHS in a number of other countries and this has led to careful review of how SEQOHS would work in very different cultures where, for instance, the regulatory systems and related matters might present challenges. It is recognised that there is a need to give this further consideration and to create a plan as to how to proceed.

This will be a key task for SEQOHS and the Faculty Executive Committee for 2015.

Considering quality improvements to internal processes by reviewing the workings of key committees by May 2015

This task was put on hold in 2014 because of the possibility that the Faculty would be joining with the Society of Occupational Medicine, in which case a totally new governance structure would have been developed. Now it has been decided not to create a single organisation, the Board and Executive Committee will be considering in 2015 whether this is the optimum time for a review of governance and quality of operational processes, especially in the light of the RCP’s current governance review.

Revalidation

The process of establishing a revalidation system for doctors working in occupational medicine, but remotely from, and not managed by, the Faculty was a significant task which was established only after a great deal of thought, discussion, and consultation, not least with the General Medical Council (GMC) and NHS England. The scheme has now been running for two years. It has grown and developed and been further refined and now provides an efficient process whereby doctors can upload electronically their

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evidence for revalidation, and this can be reviewed by the Responsible Officer who then makes recommendations to the GMC.

A total of 333 doctors now have a prescribed connection to the Faculty as their Designated Body and have David Flower as their Responsible Officer. The revalidation process involving the annual quality assured appraisals carried out by the Society of Occupational Medicine has been improved following considerable effort by the Revalidation Manager, Alannah Harrison. Both the Responsible Officer and the Revalidation Manager contribute to the training for appraisers.

112 doctors had been recommended to the GMC for revalidation with 9 deferrals, since 4 December 2013. There were very many fewer doctors who had neither an appraisal or no booked date for an appraisal at the end of the appraisal year.

As well as providing revalidation services to individual doctors the Faculty offers this to organisations which are Designated Bodies but which prefer not to appoint their own Responsible Officer. This service can be offered only subject to available resources, and currently there are nine organisations signed up.

The Revalidation Governance Subcommittee was re-named 'Designated Body Subcommittee' in autumn 2014 to emphasise that having a prescribed connection to a Designated Body is an ongoing and very much wider connection than just the revalidation activity every five years.

The Faculty hosts the Occupational Medicine Responsible Officer network and the Faculty's Responsible Officer, Dr David Flower, was invited to join the GMC's Responsible Officer Reference group, which is there to advise on revalidation policy.

The Faculty produces regular updates on revalidation, including two revalidation newsletters each year. Key messages to revalidating doctors have been:

- 'Revalidation due date' is the last date a recommendation must be received about the doctor, but can be made three or four months in advance. Doctors are being encouraged to prepare well in advance rather than leave submissions to the last minute.
- The licence to practise is the responsibility of the individual doctor, not the Faculty; the Faculty Revalidation Manager is there to support doctors and assist with the process.
- Engagement with revalidation is a continuous process, through annual appraisal.
- Doctors are being encouraged to reschedule appraisals in order that they fall more evenly through the year, as the high concentration of appraisals due in October and November present logistical problems.

The Faculty is proud of its revalidation system which runs smoothly and most doctors appear to have adapted to the new requirements. The Designated Body role is complex and demanding and the Faculty will be making a modest increase in staffing in 2015 in order to ensure it can properly meet its legal requirements in this area.

Continuing Professional Development (CPD)

With the advent of revalidation, the Faculty has reviewed its practice with regard to the monitoring of CPD.

Over the last decade the Faculty has been strongly encouraging doctors to undertake at least 50 hours of CPD per annum, or an average of 250 hours over a five-year cycle. The instigation of revalidation has been anticipated for some years and members have been advised that CPD would be a compulsory part of revalidation, and that they should be prepared for that.

Now that revalidation is fully established, the Faculty has been considering how its own CPD monitoring system should work in tandem with revalidation. Since the appraisal process reviews doctors' CPD records, and doctors will not be revalidated without a satisfactory appraisal, there is no longer a need for the Faculty to run the system of monitoring and checking CPD in the same way as before revalidation was introduced. Doctors are not obliged to submit a CPD return to the Faculty; submissions are very much voluntary, dependant upon whether or not the individual wishes to receive a Faculty certificate for their revalidation portfolios. The upshot of this is the Faculty is now ceasing to publish annual figures of how many doctors

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are compliant with CPD requirements; the significant data now are the numbers of doctors being revalidated.

However, doctors still need to record their CPD, wherever they are revalidated, and both those who are revalidating through the Faculty, and other members, have access to the Faculty's on-line CPD diary. And in order that this recording system retains its robustness, the Faculty will continue with an audit process, sampling CPD records in order to check they are in order. However the size of sampling is being reduced, in the light of the checks and balances now established elsewhere in the revalidation system.

In addition to the Faculty's CPD scheme for members, providers of relevant educational activities can seek Faculty approval for CPD points. In 2014 a total of 78 organisations running educational activities applied for Faculty approval of their educational activity.

Ethics Committee

The Ethics Committee met twice in 2014, under the leadership of Dr Bob Jefferson who had taken over as Chair of this Committee in the latter part of 2013, to discuss the small number of issues and queries raised since the publication of the latest Faculty Ethics guidance in 2012. As a result of changing work commitments, Dr Jefferson had to step down from this role at the end of 2014 and the Faculty is grateful to him for his work on the Ethics Committee, not only as Chair, but also as a member over the previous ten years. In early 2015, the Board appointed Dr Steve Boorman to succeed him. Two meetings are scheduled for this year. The first, in July, will look at future Committee membership, with a view to widening membership and also to ensure some contingency for critical areas of expertise, future ways of working and potential, short, interim updates required to the Faculty's Ethics Guidance.

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***

Promoting research and the academic basis of occupational medicine is one of the Faculty's key objectives. This was the reason that the Faculty created the Academic Forum, which has recently been refreshed, after consultation with its members, and will now be meeting regularly.

Developing a system to support trainees in submitting the results of their dissertations for publication in peer-reviewed journals

After consultation with trainees it was decided that this would not be progressed as there would be little take-up. Feedback has indicated that trainees have other preoccupations towards the end of their training and this would not be a good time for them to be re-writing research results for publication. Nevertheless the Faculty will continue to encourage trainees and new Members to publish their dissertation findings in peer-reviewed journals.

Supporting existing academic occupational health bases

As a precursor to contacting relevant Deans, the Academic Dean has written to academic colleagues working in occupational medicine to seek their advice about how best to encourage support of occupational medicine teaching in their own universities.

The Faculty also take opportunities as they arise to support research and academic occupational medicine and health. For instance the Faculty is pleased to be a stakeholder in the new ARUK MRC (Arthritis Research UK/Medical Research Council) Centre for Musculoskeletal Health and Work, which was launched at Southampton University in February 2015.

Research Strategy Working Group

In the summer of 2014 the Faculty advertised for members to join a new Research Strategy Working Group to develop a long-term strategy for the Faculty to facilitate and optimise research outputs in the field of occupational health that would support the Faculty's charitable aims and objectives. A team of six Faculty members was appointed: Paul Baker, Virginia Paul-Ebhohimhen, Kaveh Asanati and Steve Nimmo, led jointly by Ira Madan and Julia Smedley. Initial work produced terms of reference and there have been two substantive meetings in October 2014 and January 2015. The initial meeting was attended by Faculty President Richard Heron, who introduced the rationale and aspirational outputs for the group.

The following objectives have been agreed: map current health and work research activity in the UK; engage key stakeholders and identify their research needs; prioritise research goals; formulate a time-specific action plan to reach these goals; identify funding sources; and develop a plan to ensure funding sources and opportunities are identified and visible to key researchers.

Two further meetings are planned for the first half of 2015, at which the outputs of the extended literature search, the Delphi exercise and the funder mapping exercise will be considered. The scheduled delivery date for the Research Strategy is July 2016.

Clinical audit

The work of the Faculty's Director of Quality Improvement, Dr Simon Sheard, also touches on this area. This includes active consideration of how to revive and take forward clinical audit work in occupational health after the closure of the Health and Work Development Unit (HWDU), and make optimum use of other quality initiatives such as NICE (National Institute for Health and Care Excellence) guidelines. This is further described in the section of this document on Quality Improvement.

Journal

Finally, Faculty members continue to receive the peer reviewed journal *Occupational and Environmental Medicine*, which covers a wide range of topics, including in 2014: an epidemiological investigation of a kidney cancer cluster in a chemical plant; the effects of standing-based office work; the effect of leaving

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employment on mental health; occupational solvent exposure and risk of meningioma; and occupational exposure to pesticides.

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***

Creating a new single organisation for occupational health

In 2014 the Faculty continued to work closely with the Society of Occupational Medicine to present a proposal to create a new organisation for occupational health professionals. The aim of the project was to present to our respective memberships a vision of a future organisation which would be able to act effectively and efficiently as the leading body for occupational health.

In August the Trustees of each organisation proposed a resolution to members asking them to support the creation of a new organisation. Nearly 60% of our members participated in the ballot, suggesting a very high level of engagement. Of those who voted, a similar number were in favour of the resolution so the Faculty's resolution was passed. However the constitution of the Society required a two thirds majority in order to pass the resolution, so it was not carried.

This was clearly a disappointing result for those who had worked hard to develop the proposals, including the Presidents and Trustees of each organisation; members of the Single Organisation Working Group; and many others who gave up their time to support the work.

Although some members felt unable to support the details of the proposals, the extensive consultation process meant that we received huge amounts of valuable feedback. It is clear that there is broad consensus about the strategic priorities that we need to address in order to create the thriving speciality needed to improve the health and wellbeing of the UK's workers.

Many of the elements of the project were important not only for the plans leading up to the vote but have also more general benefit, including:

- thorough review of membership services, benefits and categories;
- financial due diligence undertaken by a firm of independent experts;
- extensive risk and opportunity management analysis, which has informed our current risk register;
- close operational liaison between the Faculty and Society over appraisal/revalidation and communication to external organisations;
- recruitment of a diverse and expert 'shadow board' which attracted interest from a broad range of members and non-members alike, including Ann Sharp, Chief Executive Officer of ACAS. This may well inform any future governance review of the Faculty.

The survey of members undertaken after the vote demonstrated a continued high level of engagement from members, with responses from nearly 40% of members. Feedback from the survey shows that there is strong support for joint work between the Society and Faculty. We are taking this forward in several ways: our 2015 Annual Meeting is being hosted at the Society's Annual Scientific Meeting in July; we are working together on more and more joint communications to external stakeholders; and we are exhibiting together at conferences.

All these factors mean that we are able to harness the efforts expended during the project to beneficial effect, making improvements on behalf of the speciality, both jointly and as individual organisations.

Establishing a new National School for occupational medicine and health

The National School is hosted by Health Education North West London with Julia Whiteman as the postgraduate dean. In February 2014 a national recruitment exercise was started, with interviews held in London in April. These resulted in three new trainees entering the school in August 2014. Trainees already based in London (22) were transferred to the supervision of the National School in November 2014 giving a total of 28. A further round of recruitment took place in October 2014 resulting in five new trainees who started in February 2015 in the National School.

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The recruitment process is now very robust with trainees being assessed at several independent stations which all test various aspects of the key essential skill of communication. The entire process seems to distinguish clearly between those who are likely to be effective occupational physicians and those who likely will not.

Health Education England (HEE) has agreed recurrent funding for the operation of the National School with the understanding that it will become multi-professional in the near future. Discussions are continuing within the school with occupational health nurses and allied health professionals with a plan to establish relevant national curricula and qualifications.

The Project Implementation Group for the National School met several times during the year and with the establishment of the National School Board which met first in October, the Group has disbanded. Scotland and the Defence Medical Services have indicated they wish to join England and Wales in the National School; Northern Ireland continue as an observer on the Board but has a standing invitation to join.

Membership

The Faculty is dependent on, and grateful to, the many members who support the many strands of Faculty activities. Whilst there is a small team of staff who manage and run the organisation, the members' knowledge and experience are an essential part of the Faculty being able to carry out its many functions. There are over 300 voluntary roles making up the fabric of the Faculty's work, which, out of a membership of 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 in the full web-based version of 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.

Whilst the main focus of the Faculty's education and continuing professional development (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.

There are now representatives on the Board of both Diplomates and Associates. With a view to offering improved support to Associates, the Faculty now runs training days, 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. These are well received.

In 2014 attention has also been turned to the Faculty's support to affiliating Diplomates and as part of this there was a survey of Diplomates' needs for professional support. As a result, a pilot support meeting for Diplomates was held in Glasgow. The new Diplomate representative on the Board will be considering how this should be followed up.

Prizes and awards

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.

In 2014, the prize was awarded to Dr Michael Donoghue in recognition of his work in the implementation of an occupational health management system in the Majnoon oilfield in the Republic of Iraq.

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

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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 2014 went to Dr Rae-Wen Chang and Mobbs Corporate Health funding for student electives was awarded to Conrad Heyes, Emma Hirons, Laura Wingfield, Shaine Mehta, Claire Walklett and James Womersley, for various projects including educational visits to India and Nepal.

The ExxonMobil Elective Fellowship Prize for medical students was established by ExxonMobil with the aim of encouraging medical students to explore occupational medicine as a specialty and its relevance to practice in all fields of medicine. In 2014 the Fellowship was awarded to Thomas Webster, to allow him to look at large-scale industry occupational injury at Groote Shuur Hospital in Cape Town.

These awards for medical students are immensely important in the Faculty's 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.

The Faculty's thanks are due to Corporate Health and ExxonMobil for their generosity in funding these awards.

Membership numbers	2013	2014
Honorary Fellows	91	92
Fellows	286	295
Members	434	415
Associates	173	154
Specialty Trainees	83	75
Affiliating Diplomates	366	376
Life members	86	84
Revalidating subscribers	13	21
Total	1532	1512

Governance

One change was made to the Board membership in 2014 which was the addition of a new co-opted post for an Associate of the Faculty.

Resources

The Faculty ended 2014 with a small operational surplus and full details are to be found in the Treasurer's overview and the full annual accounts which form a part of this report.

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FINANCE REVIEW

The technical information in this review of 2014 is extracted from the full financial statements, audited by Crowe Clark Whitehill.

The Trustees are pleased to report that the Faculty has ended the year in a better financial position than was hoped, achieving a small operational surplus, compared with a budgeted deficit, and also an increase in the general funds. This has been achieved whilst spending almost £30k from restricted funds on charitable activities and, again this year, without any operational requirement to support expenditure from reserves.

The Faculty's overall income was 13% higher than expected during 2014, with contributions from across the range of the Faculty's income-generating activity; almost all income streams performed better than expected. The Faculty's expenditure during the year was more than budgeted but only by 2%, more than offset by the enhanced income generated.

The Faculty continues to rely more heavily on subscriptions than do the other medical colleges. Examination fees and conference attendances provide important sources of income and during 2014 the Faculty's revalidation service provided a substantial income stream in its first full year of operation. The income stream the Faculty receives from the SEQOHS scheme, in which it is partnered by the Royal College of Physicians (RCP), is growing. The Faculty has reached an agreement with the RCP regarding the future of the partnership for the medium term and the Faculty will benefit financially from the continued relationship. SEQOHS has recently been updated and the scheme remains an important part of the Faculty's activities. It is the gold standard for occupational health practice and is respected both in the UK and abroad.

Close control of expenditure has been necessary throughout 2014 and it is this prudence that has allowed an operating surplus of £600 to be realised. The accounts record an overall surplus of £4,545; this includes an unrealised gain of £3,945 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 £465,102, which represents 49% of planned expenditure for 2015. The Faculty has not quite achieved the desired policy figure but continues to hold a significant amount within designated funds set aside for future accommodation. The Faculty's reserves have improved slightly during 2014 but the investment gains remain, as yet, unrealised assets.

Accommodation

The Board has agreed that the Faculty should proceed to purchase a property once the current tenancy agreement ends. The Faculty's landlord has again been flexible in allowing it to extend the tenancy with an option to break at two years, necessary because it has not been possible to identify a suitable property following the single organisation vote. The Faculty's interests are best served by finding a home for both staff and membership that allows it to develop its current activities for the benefit of all. A freehold or long-term lease would be in the Faculty's interests from a financial perspective, particularly given the inexorable rise in rents in central London. The Faculty has considered moving out of London but the Board has determined that continuing to be based in central London will allow the Faculty to influence the working-age health agenda at a national level and maintain contact with organisations critical to the specialty, including the Academy of Medical Royal Colleges, the RCP and Government.

Single organisation

Although the Faculty did not budget for any expenditure on the single organisation project, it was agreed that the costs would be shared equally with the Society, with the Board making £30k available from Faculty funds for the project. The Faculty's direct costs amounted to £23k, although it is acknowledged that a considerable amount of staff time was spent on the project. Direct staff and support costs were not shared with the Society.

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

Investments

The finance team determined not to make any significant movement of investments during 2014, mainly due to the uncertainty of the single organisation project. The performance of the Schroder Charity Equity Fund was poor in 2014 compared to 2013 and during 2015 the finance team will undertake a review of the Faculty's investment performance. The Faculty's cash reserves continue to earn relatively little although short-term cash bonds continue to earn interest. The finance team has sought to minimise the risk of further banking industry volatility by spreading its cash amongst a variety of accounts and opened a new account with the Charity Bank during 2014.

Budget 2015

The Trustees have agreed a budget that results in a small deficit for the year ahead. The thrust of the Faculty's activities is currently focused on sustainability of the Faculty and occupational medicine. The new route to Associateship by examination aims to draw more doctors into the specialty and it is hoped that other new examinations being developed will be attractive to an increasingly wide-ranging workforce engaged in the provision of occupational health. As a consequence of increased activity it will be necessary to increase the budgeted deficit to resource a new professional standards coordinator. The recruitment of a new Chief Executive Officer (CEO) was not predicted when the budget was set in October 2014 and it will be necessary to increase the deficit as a result. These additional costs are necessary to ensure the Faculty is able to manage the new workstreams and increase the profile of occupational medicine.

Conclusion

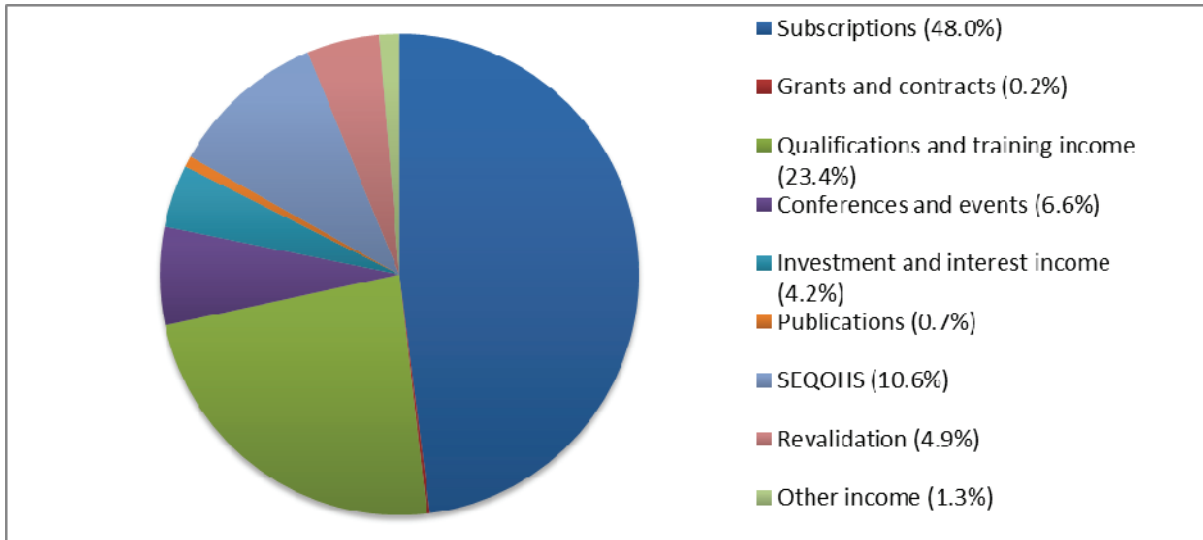
The Trustees consider that the Faculty's financial situation during 2014 was satisfactory, with higher than expected income in most areas of activity and expenditure being controlled. Falling trainee numbers in occupational medicine remains the greatest risk to the Faculty and to the continued survival of the specialty. The Faculty enters a period of transition with the appointment of its new CEO, Judith Willetts, and the Trustees look forward to a bright, bold future for the Faculty with increasing awareness nationally of occupational health. That vision requires investment now, which is reflected in the resourcing of developments the Faculty has underway. The Faculty will move forward with its plans for the purchase of a home that the membership can be proud of and which provides accommodation for the Faculty's increasingly diverse activities. Membership continues to provide the Faculty's most significant source of income and the Trustees are pleased to be able to keep the increase in subscription rates to 1% in 2015, having been frozen in 2014. The Trustees are indebted to those individuals and their employers who continue to support the Faculty, providing considerable time and energy voluntarily.

The Faculty remains in a sound financial position and the Trustees look forward to a new period of activity to sustain its 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.

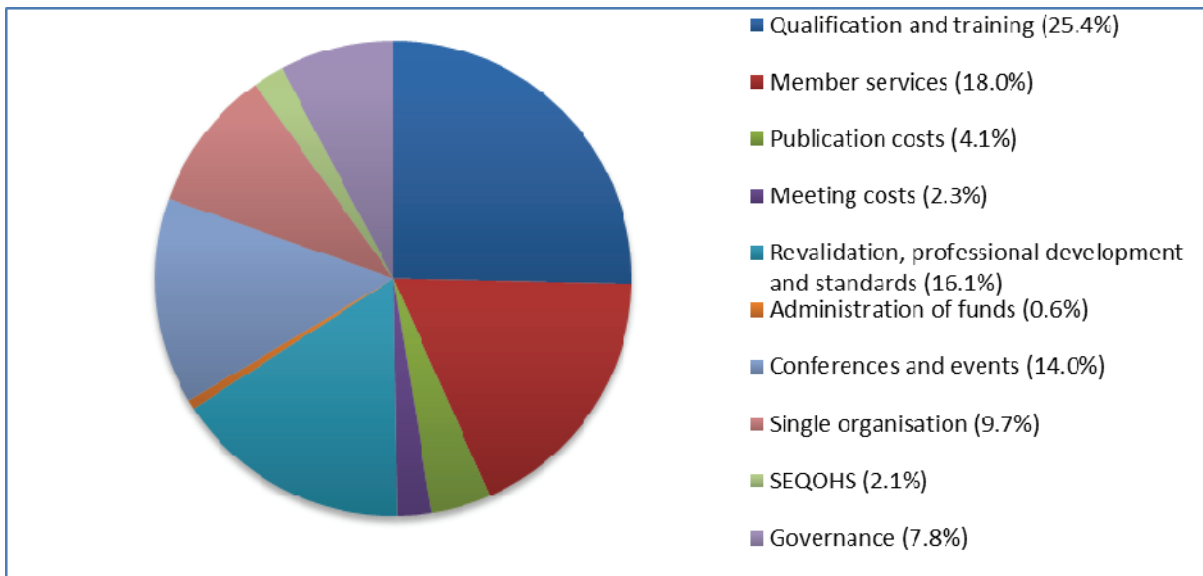
FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

Income : £950,274



Expenditure : £949,674



FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

OBJECTIVES FOR 2015

Influencing

- To gain recognition for return to work as an important outcome measure, and for the negative impact of worklessness on health and well-being
- 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% between (January) 2014 and May 2017
- To explore actively the potential for extending Faculty qualifications overseas, with a view to increasing the number of candidates taking Faculty qualifications, by 100% between January 2014 and May 2017

Quality improvement

- To identify and contribute to opportunities that resonate with the current national agenda
- To develop a comprehensive QI strategy which draws together SEQOHS, clinical audit and MoHaWK into a coherent whole
- To see the number of SEQOHS accredited bodies double between January 2014 and May 2017
- To develop a SEQOHS presence in at least five other countries by 2017

Strengthening the evidence base

- To develop a national research strategy for occupational health by March 2016

Organisational

- To agree new ways of working more closely with the Society of Occupational Medicine, with clearly defined accountabilities, set out in a Memorandum of Understanding
- To support the ongoing development of the new National School for Occupational Health
- To identify new premises for the Faculty at the end of the current lease in 2015

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

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 **15 April 2015** and signed on their behalf by:



President: Dr Richard J L Heron MBChB FRCP FFOM FACOEM

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

ANNEX 1 :

AUDITED ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

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FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

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

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2014 which comprise the Statement of Financial Activities, the Summary Income and Expenditure Account, the Balance Sheet and the related notes numbered 1 to 18.

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.

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

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.

AWAITING SIGNATURE

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: 2015

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

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

STATEMENT OF FINANCIAL ACTIVITIES
(incorporating the Income & Expenditure Account)
Year ended 31 December 2014

	Notes	Unrestricted funds		Restricted Funds	Total 2014	Total 2013
		Designated Funds	General Funds			
		£	£	£	£	£
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	25,337	14,810	0	40,147	33,984
Incoming resources from charitable activities						
Subscriptions		-	455,798	-	455,798	462,451
Qualifications and training		-	222,603	-	222,603	181,776
Publications		-	6,966	-	6,966	20,934
SEQOHS		-	46,456	-	46,456	36,614
Revalidation		-	100,728	-	100,728	86,104
Other income		-	12,814	-	12,814	19,095
Conferences and events		-	62,762	-	62,762	82,351
Grants and contracts	2	-	-	2,000	2,000	55,571
Total incoming resources		<u>25,337</u>	<u>922,937</u>	<u>2,000</u>	<u>950,274</u>	<u>978,880</u>
RESOURCES EXPENDED						
Charitable activities	4	-	846,541	29,474	876,015	789,901
Governance costs	6	-	73,659	-	73,659	79,654
Total resources expended		<u>-</u>	<u>920,200</u>	<u>29,474</u>	<u>949,674</u>	<u>869,555</u>
Net incoming resources before transfers		25,337	2,737	(27,474)	600	109,325
Transfers between funds		-	-	-	-	-
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	3,945	-	-	3,945	193,618
Net movements in funds for the year		<u>29,281</u>	<u>2,737</u>	<u>(27,474)</u>	<u>4,545</u>	<u>302,943</u>
Funds balance brought forward at 1 January 2013	15	£826,337	£462,365	£230,535	1,519,237	1,216,294
Funds balance carried forward at 31 December 2014		<u>£855,618</u>	<u>£465,102</u>	<u>£203,062</u>	<u>1,523,782</u>	<u>1,519,237</u>

All income has been generated from continuing operations.

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

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

BALANCE SHEET
31 December 2013

	Notes	2014		2013	
		£	£	£	£
FIXED ASSETS					
Tangible assets	9		15,997		17,148
Investments	10		851,974		818,692
			<u>867,971</u>		<u>835,840</u>
CURRENT ASSETS					
Debtors	11	68,016		67,271	
Cash on deposit		569,710		476,026	
Cash at bank and in hand		268,515		408,024	
		<u>906,242</u>		<u>951,321</u>	
CREDITORS					
Amounts falling due within one year	12	230,432		247,924	
Dilapidation provisions	14	20,000		20,000	
		<u>250,432</u>		<u>267,924</u>	
NET CURRENT ASSETS			655,810		683,397
NET ASSETS			<u>£1,523,782</u>		<u>£1,519,237</u>
REPRESENTED BY:					
Unrestricted funds					
General funds	15	465,102		462,365	
Designated funds	15	855,618		826,337	
		<u>1,320,720</u>		<u>1,288,702</u>	
Restricted funds	15		203,062		230,535
TOTAL FUNDS	16		<u>£1,523,782</u>		<u>£1,519,237</u>

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

The financial statements, which were approved and authorised for issue by the Board of Trustees and directors of the company on **15 April 2015**, were signed below on its behalf by:



President: Dr Richard J L Heron MBChB FRCP FFOM FACOEM



Treasurer: Dr Mark R Groom FFOM MRCGP DAvMed

Registered in England No 07461063

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

NOTES TO THE FINANCIAL STATEMENTS Year ended 31 December 2014

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) Operating leases

Instalments under operating lease agreements are charged to the Statement of Financial Activities account in the year in which they are incurred.

(e) 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.

(f) 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.

(g) 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.

(h) 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.

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

(i) 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 2014 £	Total 2013 £
Grants and contracts					
Academic activities					
ExxonMobil elective fellowships	-	1,000	-	1,000	1,000
Wilf Howe prize		1,000	-	1,000	-
Academy of Medical Royal Colleges					
Revalidation work					
e-Portfolio	-	-	-	-	37,375
Specialty advisor training		-	-	-	(2,509)
MSF tool	-	-	-	-	10,000
Department of Health					
Health for health professionals	-	-	-		4,705
NHS London					
Revalidation quality assurance exercise	-	-	-	-	5,000
	£-	£2,000	£-	£2,000	£55,571

3 INVESTMENT INCOME

	Designated £	Restricted £	General £	Total 2014 £	Total 2013 £
Bank interest	-	-	14,810	14,810	13,037
Dividends	25,337	-	-	25,337	20,947
	25,337	£-	£14,810	£40,147	£33,984

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

4 ANALYSIS OF COSTS	Direct Costs £	Direct Salaries £	Support Costs £	Total 2014 £	Total 2013 £
Qualifications and training	60,312	94,968	85,476	240,756	180,473
Publications	1,259	19,599	17,640	38,498	25,125
Revalidation, professional development and standards	45,129	56,562	50,909	152,600	208,760
Administration of funds	1,000	2,637	2,374	6,012	6,698
Conferences, events and projects	46,732	45,337	40,805	132,874	126,418
Membership	76,474	49,773	44,798	171,045	155,910
Meetings	22,078	-	-	22,078	10,302
Single organisation	23,308	36,210	32,591	92,109	49,627
SEQOHS	1,987	9,503	8,554	20,044	26,588
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	278,279	314,589	283,147	876,015	789,901
Governance costs	14,776	30,990	27,893	73,659	79,654
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	<u>£293,055</u>	<u>£345,579</u>	<u>£311,040</u>	<u>£949,674</u>	<u>£869,555</u>

5 BREAKDOWN OF SUPPORT COSTS	2014 £	2013 £
Staff	70,018	40,228
Communication	11,396	6,392
Printing, postage and stationery	11,406	8,837
Premises	77,524	77,055
Repairs and maintenance	10,223	19,947
Advertising and recruitment	18,367	4,845
Irrecoverable VAT	39,656	29,113
Accountancy fees	(2,482)	5,706
Depreciation	11,067	13,693
Other direct costs	63,864	58,915
	<hr/>	<hr/>
	<u>£311,039</u>	<u>£264,731</u>

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

6 GOVERNANCE COSTS	2014 £	2013 £
Staff	30,990	34,749
Support costs	27,893	27,515
Audit fees	5,235	8,515
Meetings	8,622	8,625
Annual General Meeting	920	250
	<hr/>	<hr/>
	<u>£73,660</u>	<u>£79,654</u>

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2013: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £9,496 (2013: 26 Trustees - £6,055).

8 STAFF COSTS

	2014	2013
	£	£
Wages and salaries	358,483	323,473
Social security costs	35,358	35,595
Pension costs	14,405	13,039
	<u>£411,246</u>	<u>£372,107</u>
The average number of full-time equivalent employees during the year was:	<u>10</u>	<u>9</u>

One member of staff was remunerated in the £70,001 to £80,000 range (2013 – one).
No member of staff was remunerated in the £60,001 to £70,000 range (2013: none).
The associated pension costs of this individual were £7,662 (2013 - £7,512).

9 TANGIBLE FIXED ASSETS

	Fixtures and fittings	Office Equipment	Total
	£	£	£
Cost			
At 1 January 2014	41,293	26,775	68,068
Additions	-	9,916	9,916
Removal of old assets	-	-	-
At 31 December 2014	<u>£41,293</u>	<u>£36,691</u>	<u>£77,984</u>
Depreciation			
At 1 January 2014	(27,268)	(23,652)	(50,920)
Charge for the year	(8,013)	(3,054)	(11,067)
Removal of old depreciation	-	-	-
At 31 December 2014	<u>(35,281)</u>	<u>(26,706)</u>	<u>(61,987)</u>
Net Book Value			
At 31 December 2014	<u>£6,012</u>	<u>£9,985</u>	<u>£15,997</u>
At 31 December 2013	<u>£14,025</u>	<u>£3,124</u>	<u>£17,148</u>

10 INVESTMENTS

	2014	2013
	£	£
Quoted investments		
At 1 January 2014	£818,692	£602,815
Additions	29,337	22,259
Transfers in/(out)	-	-
Unrealised gain/(loss)	3,945	193,618
At 31 December 2014	<u>£851,974</u>	<u>£818,692</u>
Historical cost	424,387	424,387
No of units	101,160	101,160
Valuation	842.20p	809.30p

Investments consist of units in Schroders Charity Equity Fund.

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

11	DEBTORS	2014	2013
		£	£
	Accrued income	13,114	13,287
	Other debtors	13,857	17,713
	Prepayments	38,959	35,205
	Pension	527	-
	VAT	1,559	1,066
		<u>£68,016</u>	<u>£67,271</u>
		<u><u>£68,016</u></u>	<u><u>£67,271</u></u>
12	CREDITORS: amounts falling due within one year	2014	2013
		£	£
	Trade creditors	27,424	9,787
	Staff creditor	130	-
	Accruals	55,171	66,011
	Deferred income - examination fees received in advance	3,935	21,515
	- subscriptions in advance	134,330	139,066
	- conference income	-	-
	- professional briefing days	-	-
	Tax and social security	9,442	9,599
	Pension liability	-	1,946
	VAT	-	-
		<u>£230,432</u>	<u>£247,924</u>
		<u><u>£230,432</u></u>	<u><u>£247,924</u></u>
13	DEFERRED INCOME	Examination fees	Subscriptions
		£	£
	Balance at 1 January 2014	£21,515	£139,066
	Amounts released to incoming Resources	(21,515)	(139,066)
	Amounts deferred in the year	3,935	134,330
	Balance at 31 December 2013	<u>£3,935</u>	<u>£134,330</u>
		<u><u>£3,935</u></u>	<u><u>£134,330</u></u>
14	DILAPIDATIONS	2014	2013
		£	£
	Dilapidation provision	<u>£20,000</u>	<u>£20,000</u>
		<u><u>£20,000</u></u>	<u><u>£20,000</u></u>

FACULTY OF OCCUPATIONAL MEDICINE

ANNUAL REPORT AND ACCOUNTS FOR THE YEAR ENDED 31 DECEMBER 2014

15 FUNDS	As at 1 January 2014 £	Incoming Resources £	Gain/(loss) on Investments/ interest	Outgoing Resources £	As at 31 December 2014 £
a) Restricted funds					
Good Practice Guidelines Funds					
Esso Publications Fund	5,201	-	-	-	5,201
Rolls Royce Guidelines Fund	6,523	-	-	-	6,523
Academic Activities Funds					
Corporate Health (Mobbs) Fund	43,468	-	-	12,603	30,865
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	1,000	1,000	-	1,035	695
Wilf Howe Fund	3,726	1,000	-	545	4,181
William Taylor Memorial Fund	2,274	-	-	252	2,023
Academy of Medical Royal Colleges					
Environmental medicine	1,426	-	-	-	1,426
Revalidation work					
CPD online	28,853	-	-	-	28,853
e-Portfolio	49,761	-	-	7,103	42,658
MSF tool	6,300	-	-	441	5,859
Pilot	1,876	-	-	149	1,727
Department of Health					
(e-LfH) e-learning	44,736	-	-	-	44,736
Diploma grant	2,000	-	-	-	2,000
Health for health professionals	6,884	-	-	4,692	2,192
Professional Briefings grant	3,000	-	-	-	3,000
SEQOHS accreditation system	3,788	-	-	2,385	1,403
NHS London					
Revalidation	5,000	-	-	-	5,000
	<u>230,535</u>	<u>2,000</u>	<u>-</u>	<u>29,474</u>	<u>203,062</u>
b) Designated funds					
BUPA award fund	10,000	-	-	-	10,000
Capital fund	740,522	25,3377	3,945	-	769,803
Department of Health Development Grant	75,815	-	-	-	75,815
	<u>826,337</u>	<u>25,337</u>	<u>3,945</u>	<u>-</u>	<u>855,618</u>
c) General funds	<u>462,365</u>	<u>922,937</u>	<u>-</u>	<u>920,200</u>	<u>465,102</u>
Total funds	<u>£1,519,237</u>	<u>£950,274</u>	<u>£3,945</u>	<u>£949,674</u>	<u>£1,523,782</u>

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

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

Corporate Health (Mobbs) Fund provided four travelling fellowships in 2014

Donald Hunter Lecture provides funds for the costs incurred in connection with a biennial lecture given in his memory; there was no lecture in 2014.

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

Esso Research Fellowship Fund comprises a number of annual donations, 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.

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.

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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 two in 2014.

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 £22,352 on behalf of the Council for Work and Health. This balance does not form part of these accounts.

16 ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

	Unrestricted		Restricted £	Total £
	Designated £	General £		
Tangible fixed assets	-	15,997	-	15,997
Investments	851,974	-	-	851,974
Net current assets	3,644	449,105	203,062	655,811
	£855,618	£465,102	£203,062	£1,523,782

17 OPERATING LEASE COMMITMENTS

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

	2014 £	2013 £
Leases which:		
Expire within one year (land and building)	36,783	-
Expire between 2 and 5 years (land and buildings)	-	55,175
Expire within one year (office equipment)	-	-
Expire between 2 and 5 years (office equipment)	-	-
	£36,783	55,175

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18 CONNECTED CHARITY

The Faculty of Occupational Medicine is an independent registered charity responsible for its own administration and financial management. It enjoys close working ties with the Royal College of Physicians, its parent College, with whom it has had two partnership projects during the year: the Health and Work Development Unit (HWDU), which closed in August 2014, and the SEQOHS (Safe Effective Quality Occupational Health Service) accreditation system.



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