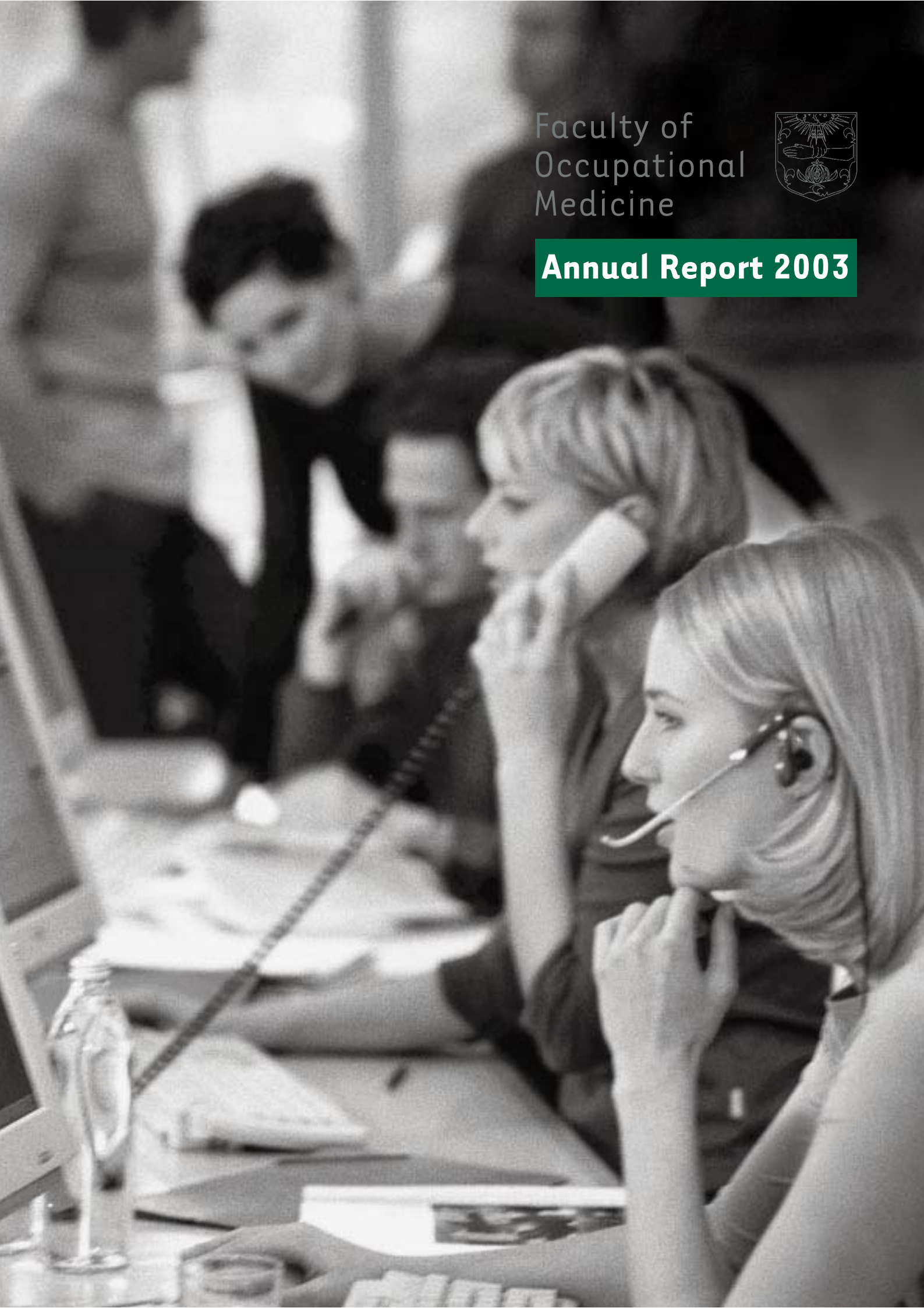


Faculty of  
Occupational  
Medicine



**Annual Report 2003**



SILVER  
JUBILEE  
1978-2003

"Over the past 25 years, our Faculty and its members have made a significant contribution to improving the health and well-being of all those at work. Now it is time to look to the future. The world of work is changing; advances in medicine progress at an ever more rapid rate; we face a diminishing labour pool and an ageing workforce; and the public expects ever higher standards of practice. There are real challenges ahead for our Faculty, our specialty and for each of us as occupational physicians. We must adapt and evolve to ensure we play an increasingly more central role in protecting and promoting the health of all at work throughout the UK. Based on the last 25 years, I am absolutely confident we will rise to the challenge." – Bill Gunnyeon

#### **Our Mission**

Everyone should have access to advice from a competent occupational physician as part of comprehensive occupational health and safety services. Our aim is for healthy working lives through:

- Elimination of preventable workplace disease
- Maximisation of functional capacity
- Adaptation of work to suit the needs of the individual

#### **The objectives of the Faculty of Occupational Medicine**

- To promote for the public benefit the advancement of education and knowledge in the field of occupational medicine
- To act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine
- To 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

Faculty of  
Occupational  
Medicine



**Annual Report 2003**

## The Faculty Board

Dr W J Gunnyeon	President
Dr O H Carlton	Registrar
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer
Professor C Black	RCP President
Dr M Braithwaite	Elected member (to May 2003)
Dr P S Burge	RCP Representative
Dr S E L Coomber	Elected member
Dr M J F Davidson	Elected RSA Representative
Dr N F Davies	Elected member
Dr W W Davies	Co-opted Representative for Wales
Dr T P Finnegan	Elected member
Dr G M Helliwell	Elected member (from May 2003)
Dr R V Johnston	Elected member (from May 2003)
Dr J G Mackie	Elected Specialist Registrar Representative (to May 2003)
Dr J K Moore	Elected Specialist Registrar Representative (from July 2003)
Dr C E Pugh	Elected Representative for Scotland (to October 2003)
Dr A J Scott	Elected member
Dr D I M Skan	Co-opted Representative for Northern Ireland
Dr D C Snashall	Elected member (to May 2003)

The Faculty of Occupational Medicine is a registered charity (No 1035415) and all serving Board members are Trustees

### Key Appointments

(not Board Members)

Dr P I Raffaelli	Chief Examiner
Dr M R Dean	Deputy Chief Examiner AFOM
Dr S R Boorman	Deputy Chief Examiner DOccMed
Dr T M Gibson	Deputy Chief Examiner DDAM
Air Cdre A J Batchelor	Deputy Chief Examiner DAvMed
Dr K T Palmer	CPD Director
Dr C D Payton	Newsletter Editor
Dr R Thornton	Conference Secretary
Dr D Patel	Press Officer

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## 4 The Annual Meeting, 17 May 2003



### The Faculty Board

#### Back row from left to right:

Alister Scott, Gordon Parker (Training Dean), Martyn Davidson, Ursula Ferriday (Assistant Registrar), Tim Finnegan, John Harrison (Academic Dean), Will Davies (Representative of Wales), Geoff Helliwell.

#### Seated in front:

Paul Litchfield (Treasurer), Bill Gunnyeon (President), Olivia Carlton (Registrar).

#### Board members not present:

Carol Black (RCP President), Sherwood Burge (RCP Representative), Sally Coomber, Neil Davies, Ray Johnston, James Mackie (Specialist Registrar Representative), Chris Pugh (Representative of Scotland), Delia Skan (Representative of Northern Ireland).



All the surviving Presidents and Deans at the Annual Dinner 2003.

**From left to right:** Kit Harling, David Slattery, Ian McCallum, Bill Gunnyeon, John Aldridge, David Wright, Ewan Macdonald, Jim Sykes



The Rt Hon Des Browne MP, Bill Gunnyeon and Mansel Aylward aboard the Royal Yacht Britannia, Edinburgh



Dinner guests enjoying the ambience of the Royal Yacht Britannia



## 6 Silver Jubilee Conference, 29 January 2004



Dr Kit Harling (Medical Director of NHS Plus) giving the opening presentation of the Silver Jubilee Conference.



Delegates enjoying their lunch beside the Faculty's and Society's promotional stand and the photographs of the Jubilee party Thames river trip the previous evening.



Dr Peter Kyberd (Canada Research Chair in Rehabilitation Cybernetics at the University of New Brunswick and Visiting Professor in the Department of Cybernetics, University of Reading), one of the conference speakers, being presented with a limited edition print of the Faculty's headquarters at 6 St Andrew's Place, by Dr Bill Gunnyeon, President of the Faculty.



The Faculty's 25th birthday cake!



“I sense now a real buzz amongst our membership and an increasing willingness to get involved with the work of the Faculty.” – Bill Gunnyeon





**Bill Gunnyeon**  
President

2003 has been a very special year for the Faculty, marking as it has the twenty-fifth anniversary of our foundation. I suspect that our 'founding fathers' little realised the changes that there would be in both the nature of work and in the practice of medicine in the ensuing twenty-five years, but the profile of our specialty and the central role our Faculty plays today in protecting and promoting the health of people at work, demonstrates their considerable foresight all those years ago.

Our Silver Jubilee celebrations have, I believe, resisted the all too easy temptation to focus predominantly on what has been achieved in the past but, rather, used the opportunity to look ahead and consider the challenges that our specialty and our Faculty will face in the next twenty-five years. Preparing the Faculty to meet those challenges has been the focus of much of our work during 2003 and reflects the title of our five-year plan – "Building on the Past, Preparing for the Future".

The Silver Jubilee events are reported in detail later but at this point I would like to pay tribute to the work of the Silver Jubilee Committee as well as the Faculty staff and everyone else who supported the Committee, especially Graham Bell, the Committee's Chair. Graham accepted a considerable challenge and rose to it with energy and enthusiasm, delivering well beyond expectations. Thanks to his leadership, I believe we have marked the passing of our first twenty-five years in considerable style.

But 2003 was not just about the Silver Jubilee – much other work in our plan continued to progress at the same time. Were I to write in detail about all that had gone on, I could fill the entire report! The following therefore is a snapshot of some key issues both internal to the Faculty and in relation to the world outside.

#### Internal Issues

- **Revalidation.** As a result of close working with the Society of Occupational Medicine's Education Panel, our guidance document on revalidation was completed, guidance on appraisal developed and published and the revalidation folder further refined.
- **Devolved Focus.** To ensure that the Faculty properly reflects its UK status and takes account of the increasingly different approaches to health in the devolved administrations, Scottish, Welsh and Northern Irish Affairs Forums were established. In addition, to ensure that we do not overlook our role in the wider European arena, a European Affairs Forum was created.
- **Trainee Representation.** To reflect properly the views of our trainees (and thus our future specialists!), a Trainees' Forum came into being, chaired by the SpR representative on the Board.
- **Position Statements.** To ensure that the Faculty has a considered view on key issues, working groups were formed to produce Faculty Position Statements with a view to publishing

these during the first half of 2004. Topics and group leaders are:

- Provision of services to small and medium sized enterprises – Dr Sandy Elder
- Rehabilitation – Dr David Wright
- Pensions/III-health retirement – Dr Paul Litchfield
- Aging Worker/Workability – Dr Dennis Ferriday
- Health Inequalities and Work – Dr Delia Skan

Work also commenced on producing a similar Position Statement on Academic Occupational Medicine.

- **Lay Representation.** To bring us into line with other Colleges and to reflect the importance of ensuring public confidence in bodies such as ours, preparations were made to introduce lay representation on the Faculty Board and on key Faculty committees. Necessary changes to Standing Orders will be submitted to our AGM in May 2004 for approval.
- **Assessment Review.** At the Board Away Day in October 2003, much time was spent considering proposals for a fundamental overhaul of our whole assessment/qualification process. This is reported in detail later by our Academic Dean. It is a huge project but one which will help us to lead the way and ensure that in the future our qualifications provide the flexibility necessary to meet the needs of our various stakeholders whilst, at the same time, maintaining the rigorous quality standards which ensure favourable comparison with any other specialty in medicine.
- **Workforce Planning.** We embarked on the process of data gathering and analysis to try and predict requirements for occupational physicians over the next ten years and beyond – essential if we are to be in a position to meet future needs for occupational physician support.
- **Communication.** Greater interaction between the Faculty and our membership is critical for our future development and success. Our Communications Working Group has been considering different initiatives some of which will come live in 2004. I have been heartened by many of our members who have taken the time to tell me how much better they feel communication already is and we will continue to work at this.
- **Governance.** To ensure that the Faculty is able to demonstrate robust governance processes, work has been initiated to review the roles of Officers, Trustees and key committees and to create a structure which will facilitate the operation and development of our Faculty over the next ten years. Watch this space!

#### External

- **Royal College of General Practitioners (RCGP).** During the year discussions took place with the RCGP to look at how we could strengthen the relationship between our two organisations and our respective specialties. We agreed to focus initially on one specific initiative and to form a joint working group, including representatives from the Society to produce guidance on the role of occupational health in patient care. I believe this is an extremely important initiative and one that hopefully will improve the interaction between GPs and occupational physicians, something that can only be to the ultimate benefit of patients and, indeed, their employers. The first meeting of the working group is likely to take place during the second quarter of 2004.

- **Department for Work and Pensions (DWP).** We have continued our close interaction with DWP and were delighted to have the Minister for Work, Des Browne, at our Edinburgh Silver Jubilee dinner. Vocational rehabilitation, statutory certification and the aging worker are all high profile issues and it is important that the Faculty seeks to engage in discussions and influence appropriately.
- **Postgraduate Medical Education and Training Board (PMETB).** The new PMETB came into effect in October 2003 but will not be fully operational until October 2004. It will have responsibility for all postgraduate medical education in the UK and will replace the current functions of the Specialist Training Authority. We have sought to have early dialogue with the Board especially in relation to the proposed changes to our assessment process and have been encouraged by the interest shown and positive comments offered.
- **Society of Occupational Medicine.** Our close relationship with the Society has been further strengthened during the year with a significant event being the first joint meeting of the two Executives – something that would have been difficult to contemplate even five years ago. In addition to the work undertaken jointly by the Society's Education Panel and the Faculty's Revalidation Committee, the Faculty now contributes to the cost of the Society Medical Administrator's post in order to facilitate joint Faculty/Society responses to consultative documents. The two Presidents continue to meet on a regular basis to ensure appropriate coordination and to identify issues on which it would be appropriate for the Society and the Faculty to have a joint view.

**Conclusion**

2003 has been an exciting year. We have celebrated our Silver Jubilee, continued the work in improving our infrastructure and progressed much of the work in our five-year plan. None of this could have happened without the considerable support of our many members who, in spite of demanding day jobs, continue to support the Faculty in so many ways. To all of you my very sincere thanks. As always I am also indebted to Judith and her team who keep the wheels of the Faculty machine increasingly well oiled, to my fellow Officers for their wise counsel in seeking to keep me on the straight and narrow (and indeed occasionally leading me astray!) and to the members of the Board for their enthusiasm, commitment and hard work.

I sense now a real buzz amongst our membership and an increasing willingness to get involved with the work of the Faculty. The view that the Faculty was somehow remote and aloof is I hope demonstrably changing and I detect an increasing recognition that our Faculty is central to the future security of our specialty. The next twenty-five years have already begun and the year ahead promises to be every bit as exciting as the one just gone.

**Bill Gunnyeon**



**Olivia Carlton**  
Registrar

The Registrar plays a key, though somewhat behind the scenes, role within the Faculty, contributing to the assurance of corporate governance and working in conjunction with the Chief Executive and Faculty staff in the administration and delivery of services to the membership.

It has been quite a busy year for elections for Board members, which have all run smoothly. Several candidates were fielded for the elections for the Scottish Representative and ordinary Board members but it was unnecessary to hold elections for the Trainees' Representative and the Regional Specialty Adviser Representative as there was only one candidate for each post.

During the year we encouraged holders of Faculty Diplomas and specialist occupational physicians who do not hold Faculty qualifications to affiliate to the Faculty to enable them to take advantage of participation in the Faculty's continuing professional development (CPD) scheme and the other benefits offered. The development of added value services to all grades of membership is part of the Faculty's work plan for the coming year.

The Faculty response to the Department for Work and Pensions (DWP) document "Pathways to Work: Helping People into Employment" was submitted early in the year and led to a meeting with the DWP's Chief Medical Adviser, Mansel Aylward, and his team. It is obvious that the Faculty has considerable knowledge and experience that the DWP can call on in their work on vocational rehabilitation and statutory certification. Later in the year, representatives of the Faculty met the Minister for Work, Des Browne, with Mansel Aylward, to discuss areas of joint interest.

There has been a focus during the year on reviewing the corporate governance arrangements of the Faculty with a view to clarifying the roles and responsibilities of Board members, Executive Officers and the Chief Executive. In keeping with changes across the profession, the Faculty is working continuously to provide more transparency in its functioning. The Fellowship Committee is a case in point. The Fellows are nominated by their peers and elected by a Committee which is appointed by the Board. There has been some work which will come to fruition during 2004 to provide more guidance and clearer criteria for those who are nominating their colleagues and for the Committee which is making recommendations to the Board. The Board has agreed that one of the criteria for recommendation for the award of Fellowship is that a member's continuing professional development submissions are up to date and this is likely to become part of the definition of "in good standing" for Faculty members.

A security policy has now been developed for the Faculty and next year a Business Recovery Plan will be put in place.

The proposed change in governance arrangements will lead to the Registrar chairing Executive Committee meetings in 2004 and I chaired one Executive Committee this year which proved to be a trial run. The agendas of the Executive Committees are quite long and it was an enjoyable experience ensuring that the Committee completed the agenda within the time.

This year has delivered the hard work and planning of some fundamental changes in governance of the Faculty and I am looking forward to making my contribution in 2004 to seeing those turn into reality.

Olivia Carlton



John Harrison  
Academic Dean

It is a sobering thought, but this is my fifth annual report for the Faculty, as Academic Dean. Believe it or not, this has been a period of considerable change. I suspect that there may be some people who perceive the Faculty as a rather venerable institution (after all we are 25 years old!) that plods along in its own quiet way. I hope that this number is diminishing following the launch of the Faculty's vision. There is no doubt in my mind that, under the guidance and leadership of our current President, the Faculty has become much more outward looking and is in tune with the demands of the twenty-first century. For academic occupational medicine this has meant a root and branch review of the relevant competencies for occupational physicians and of the methods used for training and assessment. The academic activities of the Faculty are its core business. The success of our specialty depends on the credibility of training and the quality of the specialist and non-specialist doctors who practise occupational medicine.

Of course, change does not happen overnight. Five years ago the Academic Committee agreed that its objectives should be to review the examination processes including the assessment of dissertations, to promote the Faculty's involvement in research, to improve the links between the Faculty and academic centres and to utilise information technology to improve access to information. A consequence of this was the creation of a new post on the academic committee – the Internal Assessor. We were pleased to welcome Dr Sue Turner as the first appointee, who did sterling work in refining the dissertation assessment process and the production of a matrix of responsibilities and milestones against which we can now audit the Faculty's performance. Dr Adele Pilkington has now replaced Sue and she has continued to develop the role. Linked to the assessment of dissertations is the award of the Peter Taylor Medal. Peter Taylor was an eminent occupational physician who became President of the Society of Occupational Medicine as well as Dean of the Faculty of Occupational Medicine. The award of the medal dates from 1987 and it is given for outstanding academic achievement by a trainee in a given year. To date the award has been given for the best dissertation and we have incorporated a scoring process into the overall assessment of dissertations to create a transparent

process to identify the best dissertations submitted each year. It is possible to view the abstracts from the dissertations on the Faculty's web site, using a search engine. This should assist Specialist Registrars (SpRs) looking for ideas for a research project, as well as sharing the results of the research that has been carried out with a wider audience. In 2003 there were 28 dissertations successfully submitted with topics addressing issues important to industry sectors (MOD – Medical discharges from the Royal Air Force, changes in vitamin D in submariners and use of chest X-rays in assessing the risk of pulmonary barotrauma in submariners; NHS – projects on hepatitis B and influenza vaccination, health and safety in general practice, use of personal protective equipment and ill health retirement; Home Office – applications for injury benefit from the prison service and stress in a police call centre) as well as toxicology (vanadium absorption in power station boiler cleaners and pesticide contamination of sheep fleeces), polycyclic aromatic hydrocarbons, HAVS and the environment.

We have developed an educational strategy with the following aims:

1. The definition of occupational medicine competencies
2. The development of competency-based occupational medical training
3. The selection and deployment of appropriate assessment methods
4. Setting minimum pass standards
5. The promotion of knowledge of, and of good practice in, occupational medicine

This is an over-arching document and there will be a work plan associated with each aim. As far as possible work will continue in parallel with a view to creating a "road map" for the implementation of a number of changes in the way we do things by the end of 2004. We aim to implement the changes by 2006. To give a flavour of the way things are proceeding, there will be greater integration of specialist and non-specialist training and assessment, whilst differentiating clearly between non-specialist and specialist qualifications. Thus, all trainees will be expected to receive what has been called "Foundation" training and assessment. For SpRs, the foundation training will take place during the first two years of supervised specialist training. Progression to the final two years of training will depend on the successful completion of the foundation training. Following an introductory module, there will be a menu of other modules to choose from. Whilst some will be compulsory, others will be chosen to suit personal or industry needs. Passing each module will lead to the award of a certificate. For non-specialist trainees, achieving a requisite number of certificates will lead to the award of a diploma. The final two years of specialist training will also have a modular composition. There will be a focus on leadership, organisational performance and management and complex case management and problem solving. Critical appraisal of the literature, evidence-based practice and audit will be essential components of training, as will carrying out workplace surveys. However, specialist training in research methods will become optional, as will the production of a dissertation. Some modules will be industry specific, such as an NHS module for SpRs in NHS-based training posts. There will be an exit "examination" for all SpRs. This will comprise a range of assessments of competencies performed at different times. There will be a combination of external and in-service assessments to produce a "portfolio" of



evidence to support the approval of completion of training. This will link in with the requirements for revalidation and the likely requirements of the Postgraduate Medical Education and Training Board (PMETB).

On a more practical level we have amended and updated all our examination regulations using the same format to ensure consistency of approach. We have revised our examinations appeals process (see web site via specific examination regulations) and we have introduced a new OSCE (objective structured clinical examination) type clinical assessment for the AFOM. The first OSCE took place in Sheffield in the summer and it became clear very quickly that this was a considerable improvement on the old clinical examination in terms of transparency, objectivity and standardisation. Positive feedback was received from both the candidates and the examiners. We have learned some lessons as well and we will continue to improve this examination in the future. For example we will increase the amount of time allowed at each station. One innovation is the use of role players for some stations, e.g. a mental ill health patient. We are working with Richard Wakeford, author of the preliminary scoping document, on the academic aspects of our examinations with a view to achieving best practice and suitable quality assurance. One outcome of this will be a change in the MCQ examination of the Diploma in Occupational Medicine, which will adopt a "best fit" method of assessment. We expect this change to take place in 2005. As can be seen a huge amount of work has been undertaken and I am immensely grateful to Dr Philip Raffaelli, our Chief Examiner, and all the members of the examination committees, including Mike Dean the new chairman of the AFOM management committee, for their untiring dedication to the tasks.

This report has shown the work that is on-going within the Faculty and has given some indications of what the future will hold. On the whole I think that we can be very positive about the future, particularly when we benchmark our performance against other Medical Royal Colleges. I do, however, remain very concerned about the future of academic occupational medicine and its ability to survive within universities whose concentration is very focussed on genetics and the biomedical sciences. In raising this concern I am returning to a theme of a previous report but, unfortunately, things have worsened since then. Of course, research trends come and go, but the reality is that occupational medicine has never had a strong foothold in academic establishments in the UK. To reiterate, we lack a clearly understood occupational medicine paradigm. Occupational health, rehabilitation and work ability are high on many agendas within government and industry. It seems strange, therefore, that this has not coincided with increased funding for occupational health research. Our experience, via the Faculty's Research Committee, is that there is interest in funding research projects addressing the practical questions of the day but, in the main, the research proposals do not come from occupational health professionals. Unless we can reverse this trend, I fear that the specialty of occupational medicine in the UK will disappear in time. I hope that the Faculty will be able to bring some influence to bear to this effect.

In conclusion I would like to express my thanks to Keith Palmer, Director of CPD, who will be standing down in early 2004. Keith has done sterling work in improving and communicating the CPD

process. I believe that many members will have cause to thank him, when in 2005, the revalidation process begins. I have worked with Keith on the Academic Committee and on the Society's Education Panel and can testify to his commitment to the subject. We will miss his enthusiasm and wise counsel but wish him well as the new editor of the journal *Occupational and Environmental Medicine (OEM)*. As you know, this is the Faculty's adopted journal. I believe that the relationship between the Faculty and *OEM* is mutually beneficial, not least because *OEM* is currently the premier occupational medicine journal globally. The continued success of *OEM* is one way in which we can hope to revitalise academic occupational medicine.

John Harrison



Gordon Parker  
Training Dean

**Workforce planning**

Although the number of active training posts in both the NHS and industry continues to increase slowly, there is continued concern over recruitment to NHS SpR posts. There are a number of barriers to overcome, not least the disadvantageous rates of pay in the NHS compared with much of industry. NHS SpRs do not usually qualify for intensity payments and there is regional variation and difficulty in persuading Trusts and Deaneries to consider salary protection for doctors moving from senior posts in other specialties (particularly from general practice). The Faculty has continued to make representations to the Department of Health on these matters, and will collect the views and experiences of RSAs and Deanery STC Chairs over the next year to help to formulate advice to local appointment committees.

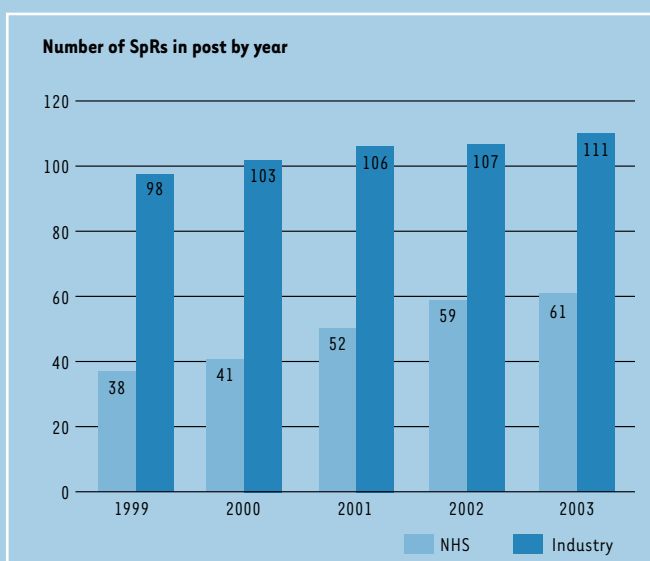
Professor Brendan Hicks (Lead Dean for Occupational Medicine) and I gave evidence to the Department of Health Medical Workforce Review Team. The growth in consultant numbers in the NHS appears to continue, with a projected 80% expansion in NHS consultant numbers by 2010. This projected expansion will increasingly depend on recruiting to SpR posts, and – of course – the creation of more NHS consultant posts and recruitment to unfilled consultant posts. With some NHS Trusts outsourcing OH provision rather than creating a consultant post, and ongoing recruitment problems at SpR and consultant level, changes over the next 5 years are very difficult to predict. There is little point in asking the Department of Health for more funded SpR posts if what is actually needed are incentives to recruitment.

The recent workforce planning questionnaire sent to all members as part of the membership database update should help us build solid information on the demography of the specialist workforce, and get a clear view of movement between the NHS and 'industry'.

**Supporting Regional Specialty Advisers and Educational Supervisors**

With the Training Handbook completed, the STC is shifting some of its attention towards the needs of educational supervisors and

other key Faculty representatives, particularly Regional Specialty Advisers. The Faculty appreciates the work of RSAs and all involved in the delivery of the training process, from informal discussion about new training posts to interviewing for SpRs and visiting posts. We also recognise that many RSAs wear two hats and – because of their expertise in a relatively small specialty – often represent the postgraduate dean by serving as Chair of the Deanery Specialty Training Committee, overseeing running the RITA process and supervising the smooth running of training in a region. All these duties take time, and although the NHS may (in theory) allow external activities to be built into a consultant job plan, the same isn't necessarily the case in industry. We know that RSAs, Deanery STC Chairs and Programme Directors take on these roles because they believe in education and want to promote occupational medicine, and for that the Faculty is immensely grateful.



We therefore need to ensure that RSAs and trainers get the support they need. For example, the implementation of the Race Relations Amendment Act and the Faculty's Policies on Equal Opportunities highlighted the need for RSAs and others to be trained in equal opportunities and diversity. We have conducted a needs assessment amongst RSAs and are offering specific training. We must identify other areas where RSAs and educational supervisors need support – for example in specific educational skills – and try to develop our competencies, without attempting to duplicate the work done in deaneries and NHS Trusts.

#### Assessing 'equivalence' of overseas trained doctors and SpRs

The STC Equivalence Subcommittee assesses the training of overseas doctors before submitting a recommendation to the Specialist Training Authority for specialist registration. This causes real problems where occupational physicians with an excellent track record in practice have to be declined because their training has not been as extensive as a UK SpR or has not contained all the elements of the Faculty's curriculum. Amendments to the legal position on 'equivalence' are likely to be enacted when the Postgraduate Medical Education and Training Board (PMETB) takes over responsibility for supervising higher medical training from the Specialist Training Authority in October 2004. In the future, the Faculty should be able to take 'experience' into account when assessing whether a doctor can be recommended to the GMC for inclusion on the specialist register, or perhaps recommended for 'top-up training'.

The STC also views the CVs of doctors who are considering applying for SpR posts. We have had difficulties with doctors trained overseas who do not fulfil the criteria for general professional training, despite (often extensive) practical clinical experience. In the end, it is up to the applicant to satisfy the Faculty and the Deanery that they have had the requisite *training* in clinical specialties. Occupational medicine demands a high level of clinical competence and evidence of training remains essential.

#### The future

One of the pressing issues for 2004 is the revision to the PRHO and SHO grades coming from the 'Modernising Medical Careers' debate. There will be great opportunities for occupational medicine to infiltrate the 'foundation' years, together with potential problems around general professional training and entry to the SpR grade. The Faculty has been watching developments over the past year and will respond with positive ideas when the implementation plans become clearer.

I remain most grateful for the support of the members of the STC, and particularly Louise Golds, Head of Education and Training, who deals with a constantly changing training environment with good humour and patience.

Gordon Parker



Paul Litchfield  
Treasurer

#### Overview

The year has been one of underlying financial consolidation upon which a raft of essentially cost neutral Silver Jubilee activity has been superimposed. Financial systems have been further refined to provide better management information which allows more careful tracking of income and expenditure against budget. Good working relationships have been forged with our new accountants, Trustient, and the markets have finally turned to increase the capital value of our equity based investments. Income has largely held up against budget and expenditure has been effectively controlled to deliver an overall surplus on running costs of £18,063 and a small surplus on general funds.

#### 2003 Accounts

The audited accounts for the year are shown in Annex 8 of the Annual Report. Silver Jubilee activities have skewed the usual financial picture with greater expenditure on events matched by generous sponsorship, courtesy of Graham Bell's hard work. Nevertheless, subscriptions and examination fees remain the core of our income and staff costs continue to account for the greatest part of our expenditure.

The uplift in fees in 2003 was held to a rounded 3.5%. This, together with better retention rates, especially for affiliates, has increased subscription income. However, examination revenue has dropped, largely as the result of fewer candidates presenting for the DOccMed. The decline in publication income over the past few

years has been significant and now stands at less than a third of the 2000 figure. In part this is a reflection of the increasing use of the internet to access information but the major contributory factor is the failure to produce new guidance documents in recent times. The planned publication of revised guidance on ethics and the output of the HAVS working group should ensure that this is a healthier income stream next year as well as helping to meet our objective of promoting knowledge in the field of occupational medicine. For the first time the Department of Health grant for activities undertaken in support of NHS training was set at a more realistic level. Unfortunately the 2004 allocation has reverted to the previous formula - we will continue to lobby vigorously for sustained equitable treatment.

We have again increased our investment in staff with an uplift of headcount from 7 to 8 employees. Improved working conditions, a focus on training and clearer lines of responsibility have led to better retention than for many years with a consequential reduction in recruitment costs. Careful stewardship of the staffing budget has aimed to balance the payment of salaries competitive in the charities sector with the prudent expenditure of Faculty funds. VAT registration has added to the administrative load on the staff but predicted financial gains have been realised - the balance between cost and benefit of this arrangement will be kept under review. The increased participation of members in Faculty business, not least through the Forums created to reflect devolved government in the United Kingdom, has been supported and costs have been held down through the better use of communications technology.

The Executive Committee has been mindful that there has been little expenditure from the restricted funds in recent years. Towards the year end, two projects were approved for funding from the Esso Research Fellowship Funds: the publication of a history of the first twenty five years of the Faculty, to mark its Silver Jubilee, which was researched by Dudley Bruton; and a Faculty Research Fellowship on mild-to moderate mental ill health. Expenditure on both projects will commence in early 2004.

### Investments

The unremitting bear market of recent years finally abated in 2003 and our equity based investments recovered by almost 20% over the course of the year. This increase in capital value combined with income from the investments restored the fund to a level which exceeds its historical value. We continue to hold approximately half of one year's expenditure as a cash reserve.

### 2004 Budget

The budget process has again sought to fund all the things the Board wishes to do, at no cost. When all the top hats and rabbits have been exhausted the painful negotiations with the members of the Executive Committee commence to prioritise tasks and to seek innovative ways of achieving results for less money. Key programmes include the final tranche of Silver Jubilee activities, developing modular training and examinations and improving the website with a secure members' section. Less exciting, but no less necessary, provision has had to be made for increased insurance costs and legal fees resulting from the rising number of appeals against examination and other assessment results.

Increases in both subscriptions and examination fees have been pegged to a rounded 3%. Once again particular regard has been paid to the potential difficulties facing members who are not in paid

work and the concessionary rate, which includes retired members, has only been raised by £1 to an annual subscription of £50.

### Corporate Governance

The Faculty Board has been giving increasing thought to the most appropriate governance structure to take the organisation forward. A key element in demonstrating that the Trustees of a charity are exercising appropriate corporate governance is the regular review of risk required under the Statement of Recommended Practice "Accounting and Reporting for Charities" (SORP 2000). This is now a regular part of the Faculty calendar of activities and follows a process which requires first the staff, then the Executive Committee and finally the Board to formally review the risks facing the organisation. As a result of this process the 6 major risks are ranked and both existing and additional controls identified.

The major risks and the provisions in place to mitigate them are shown in the table overleaf.

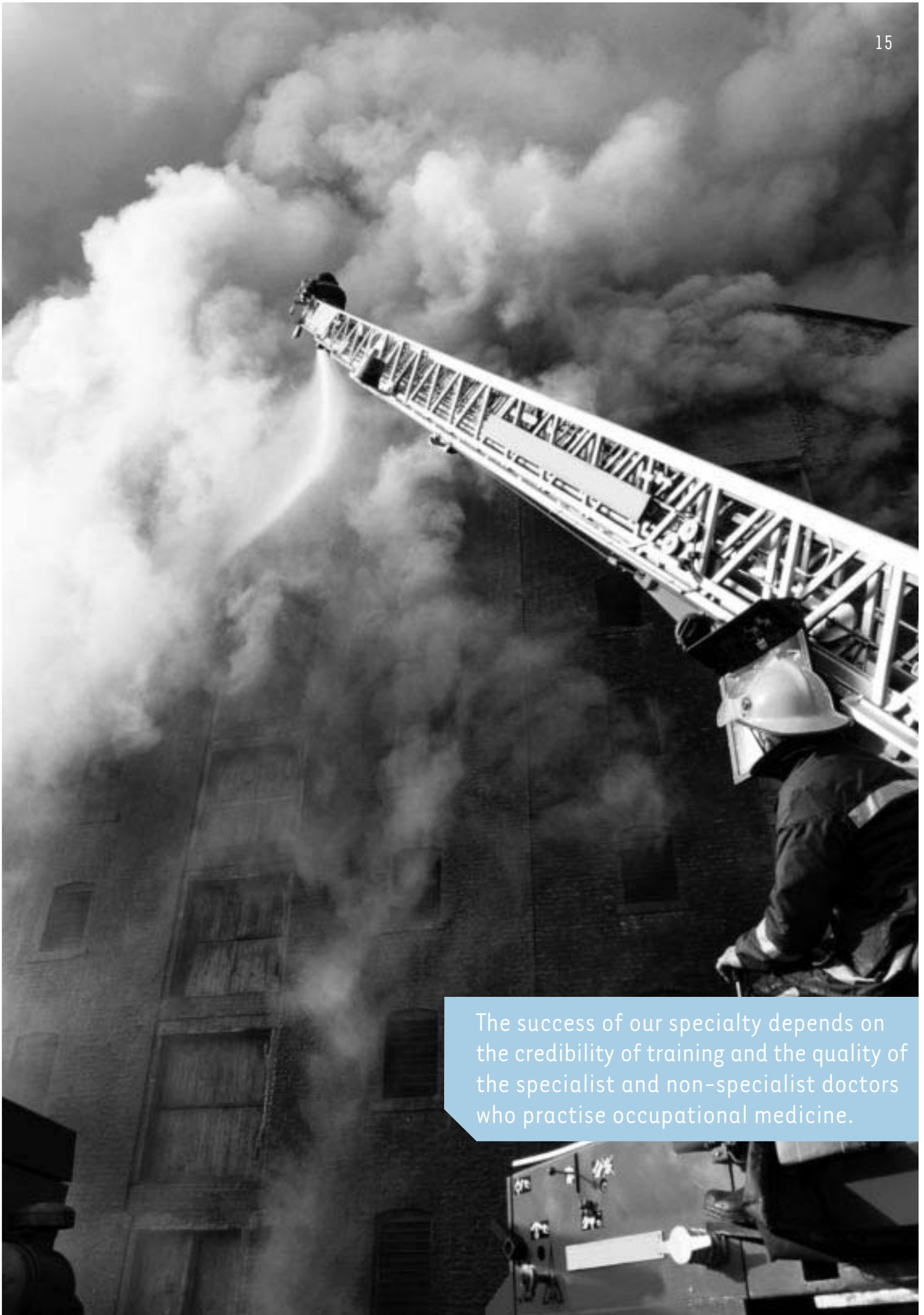
On the basis of this assessment the Board members, as Trustees of the Faculty, have completed the risk statement shown in the audited accounts.

**Paul Litchfield**

## 14 Reports

Major Risk	Existing provisions	Additional Action Required
<b>Poor quality of members' work for the Faculty</b>	<ul style="list-style-type: none"> <li>• Training process</li> <li>• CPD</li> <li>• Development of Revalidation process</li> </ul>	<ul style="list-style-type: none"> <li>• Training for educational supervisors</li> <li>• Development of NCAA relationship</li> <li>• Change of examinations</li> <li>• Examiner training</li> </ul>
<b>Failure to retain volunteers</b>	<ul style="list-style-type: none"> <li>• Defined scope of work and objectives</li> <li>• Regular reviews (Board, Exec and Committee meetings)</li> <li>• Reviews of workload and feasibility</li> <li>• Clear boundaries for authorities</li> <li>• Improved office support</li> <li>• External communications plan</li> <li>• CPD recognition</li> <li>• Forums</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a framework for volunteers</li> </ul>
<b>Failure of security</b>	<ul style="list-style-type: none"> <li>• Insurance</li> <li>• Security review</li> <li>• Development of security policy</li> </ul>	<ul style="list-style-type: none"> <li>• Business recovery plan</li> </ul>
<b>Problems with competitors</b>	<ul style="list-style-type: none"> <li>• Society Accord</li> </ul>	<ul style="list-style-type: none"> <li>• Relationships review and plan e.g. IOSH</li> </ul>
<b>Failure of the training process</b>	<ul style="list-style-type: none"> <li>• RITA</li> <li>• Examination review and audit</li> <li>• Training review</li> <li>• Training performance measures</li> <li>• Training targets</li> </ul>	
<b>Problems with regulators</b>	<ul style="list-style-type: none"> <li>• Advice from auditors</li> <li>• Advice from solicitors</li> <li>• Charity Commission guidance</li> <li>• Trustee training plan (every year – based on need)</li> </ul>	<ul style="list-style-type: none"> <li>• Staff induction, training and appraisal</li> <li>• Compliance review and plan</li> <li>• Governance review</li> <li>• PMETB relations</li> </ul>





The success of our specialty depends on the credibility of training and the quality of the specialist and non-specialist doctors who practise occupational medicine.



**Ursula Ferriday**  
Assistant Registrar

These days there is no choice about whether to communicate – the only choice is how to manage the task. Communication as an area of expertise, however, is still relatively young within the Faculty.

As Assistant Registrar, I chair the Faculty Communications Working Group (CWG). The goal that we have set ourselves is to improve all aspects of communication by developing and implementing highly effective systems of clear and purposeful internal and external communication.

The CWG has been very active over the past year. Many members will have noticed the changes in the look of the Faculty Annual Report over recent years and we are continuously reviewing the visual appeal and the ease of reading this important publication. This year we have introduced more colour and changed the design of how the reports are laid out.

A large proportion of our work has been centered on publicising our Silver Jubilee: this included the production of logos and circulars, together with articles for the Silver Jubilee Newsletter coordinated by Colin Payton, the Newsletter Editor. In association with this, Cathy Amos lead a small subgroup which produced the Silver Jubilee CD-ROM, circulated to all members and to business leaders who attended the Silver Jubilee Business Dinners.

Mike McKinnon has worked on an important strategic document on Knowledge Management for the Faculty, and some work streams flow from this in relation to the development of the Faculty website and the establishment of a number of web-based Faculty discussion groups/virtual communities, primarily for Regional Specialty Advisers, educational supervisors and Specialist Registrars. This work is ongoing and is being led by Dale Archer and Paul Grime.

Rob Thornton, the Faculty's Conference Secretary, has now joined the Communications Working Group and he plans to review the subject of Faculty conferences to expand membership interest and involvement.

Dipti Patel is a relative newcomer to the CWG, her remit being to take forward the dialogue between the Faculty and external stakeholders. She has been working hard to identify important media contacts and investigate other communication pathways for the Faculty such as TV/Radio.

**Ursula Ferriday**



**Judith Secker**  
Chief Executive

#### **Overview**

The results of the major review, reorganisation and refurbishment of the Faculty's processes, procedures and facilities, mentioned in my last annual report, have now settled down to produce a (normally) smooth running operation. We hope that this meets the opposing aims of being unobtrusive but providing a very apparent improvement in the support provided for members.

#### **Staff team training and IT training and appraisal**

In the main, 2003 has been a year of consolidation, while implementing some new routines and procedures. Early in the year we undertook an externally facilitated day for staff team training. This produced some very interesting feedback which has been of value throughout the rest of the year. All the staff have upgraded both their basic IT skills and also the skills required by our new members and contacts database (of which more later!). Six-monthly appraisals and more frequent managerial meetings have helped to keep our focus clear.

#### **Database**

In my last report I stated that we were about to install our new member and contacts database. I know that we are not alone in finding that what should have been a detailed but straightforward process has stretched into over a year of 'battles' with the new system. I hope that I am not tempting fate in saying that we now seem to be nearly where we hoped to be a year ago!

All members will be aware that we have recently circulated a 'member details form' which will extend and correct the data we hold on the membership. The improved record will enable us both to target our member communications better and to provide a more complete picture of the specialty throughout the country. The latter gives the Faculty's Officers appropriate evidence for interactions with government, PMETB and others.

Some members have received test emails via the new database. We plan to use this method more frequently, in appropriate circumstances, when we have email addresses for most members. They will be invited to agree to this form of communication, which will enable us to keep members better informed while saving on the very large costs of postage. Jean Whaley, (Officer Manager and Personal Assistant to the President and to me) will be the main contact for this process. Charlotte Pedersen, who has recently joined the Faculty as Administrator/Receptionist, will ably assist her.

#### **Silver Jubilee and Sponsorship Coordinator**

Pervading the whole of 2003 and early 2004 has been the organisation and delivery of the events to celebrate the Silver Jubilee of the Faculty. These are reported in more detail in the report of the Committee Chair, Graham Bell, who has been ably supported by Anna McNeil. The office staff were, of course, all involved in some of the events.

**Training and Dissertation processes**

Those members who are involved in training or production and assessment of dissertations will be aware of the improvement in the related procedures. Louise Golds and Jane Davies, the staff members responsible for the two areas, have distributed 'task matrices' which highlight the different stages of the processes and the related responsibilities and expected time-frames. I believe that these matrices have helped everyone to see clearly what they are agreeing to 'deliver' and have contributed to a much smoother system.

**Data protection and Equal Opportunities**

Another responsibility of the office team is to ensure that the Faculty keeps abreast of the huge increase in employment and other legislation. We are, of course, registered under the Data Protection Act, and will treat all members' data accordingly. We have also recently requested ethnic and other similar information from members and examination candidates. This is not, as one member suggested, because there is any suggestion of discrimination in our current practices! In today's litigious society it is unfortunately necessary to be able to demonstrate its absence, rather than just 'being sure' all is well. Lynn Staff (for examinations), Louise Golds (for training) and Frances Quinn (for all other membership services) will be responsible for the analysis.

**Accountants**

Early in 2003, the Faculty decided to separate the roles of auditor and accountant. As the Treasurer, Paul Litchfield, mentions in his report we selected, as our accountants, Trustient, a firm which is very involved with the charity sector. Staff from the firm have supported Helen Chaloner (Accounts Administrator) and me to completely reorganise the way we monitor financial matters. This has allowed us to produce far more meaningful management accounts, on a monthly basis.

**Looking ahead to 2004**

In 2004, the office team plans to continue the consolidation from 2003, while extending the use of the database to provide high quality support to and interaction with the membership. We will also be very involved with the President's and Board's on-going review of the Governance of the Faculty, together with the continued implementation of the rest of the Faculty's Five-Year Plan.

Judith Secker



**Chris Pugh**  
 Representative of  
 Scotland

2003 saw the beginning and end of my brief tenure as Faculty representative for Scotland which, unfortunately, I had to leave for business reasons. I wish the best of luck to my successor Alastair Leckie who was elected from a strong field.

The last three years have shown significant change in the academic field of occupational medicine in Scotland. Raymond Agius' departure for Manchester left a hole that remains unfilled. Anthony Seaton's retirement from the Chair in Aberdeen last year marks an end to an era, although I know Anthony has not fully retired and will continue to contribute. Aberdeen University planned for his retirement and Professor Jon Ayres had a handover of a year with Anthony. We are waiting to see which direction he intends to take his department but he can count on support from those working in occupational medicine.

The Society of Occupational Medicine is particularly strong in Scotland and is now chaired by Gillian Fletcher. The Society organises both local meetings in Edinburgh, Glasgow, and Aberdeen as well as three national meetings in each of the above locations. In addition to the provision of these high quality meetings for CPD, the Society agreed last year to discount the costs of attending these meetings for specialist registrars in occupational medicine. The Society has also provided funding to pump prime Gillian Fletcher's aim to have a unified day release programme for all specialist registrars in occupational medicine in Scotland. The post of Faculty representative allows me to sit on the Society committee in Scotland and I look forward to more collaboration and co-operation between the two organisations.

NHS services for occupational health and safety continue to develop and grow. "Safe and healthy working", an initiative from the Scottish Executive to provide advisory services to SMEs is up and running around the country and is based within NHS occupational health departments. Funding has been agreed for a further year suggesting that this initiative is here to stay. The intention is to expand it further to allow direct referral from GPs to the service. This is currently being piloted in three health board areas around Scotland. There are possibilities of it expanding further depending on the outcome of the review of occupational health and safety services in the NHS headlined by Malcolm Chisholm at the OHSSIG (Occupational Health and Safety Strategy Implementation Group) conference in Dunblane last year. The review is due to report sometime this year. At the same meeting Malcolm Chisholm also tasked me to lead a group with the intention of producing a paper on "fast-tracking for NHS staff". The results of this are due to be announced at this year's conference. The Senior Occupational Physicians Group, largely comprising NHS consultants, is chaired by Chris Kalman, meets regularly and now has its own website <http://www.show.scot.nhs.uk/sopg/> up and running, thanks largely to Linda Bell. So there remains a high profile for occupational health and safety currently in Scotland driven by the Scottish Executive.

The number of trainees has grown with new posts being filled. The RSA for the south is Sandy Elder with Liz Wright being responsible for those in the north.

The Scottish Affairs Forum (for membership see Annex 1) will be up and running in 2004 and will aim to bring influence to bear in the most effective manner drawing on the knowledge and expertise of all those working in the field of occupational medicine in Scotland.

Chris Pugh



**Will Davies**  
Representative of  
Wales

In 2003 the Faculty of Occupational Medicine gave a commitment to establish a Welsh Affairs Forum. My activities during the year have focused on this goal.

Membership of the forum (see Annex 1) was agreed by the Faculty Executive Committee in June 2003, with members being appointed for a period of two years. Selection aimed to achieve a suitable balance of both employment-sector and geographical representation. The Welsh Representative on the Faculty Board serves as the Forum Chair, a role filled by myself until May 2004. The inaugural meeting of the Forum took place in November in Mid Wales. A senior representative of the Welsh Assembly Government, Dr Bernadette Fudge, joined the morning session and after a constructive discussion there was a consensus that we should work together towards our common interests. In the afternoon forum members met to consider how best to pursue the Faculty's objectives in Wales. Agreement was reached around the following areas:

- **Communication** – Initiation of an e-group to promote discussion on topical issues and exchange information between forum members and occupational health practitioners in Wales.
- **Representation** – Arrangements to ensure optimum use of the forum members' representative potential on relevant working groups and committees.
- **Education** – Alternatives to traditional meetings and seminars would be sought because of the small number and wide geographical distribution of occupational physicians in Wales.
- **Occupational Health Initiatives** – The scale of operations in Wales offers some advantages for practitioners wishing to take the initiative in research or good practice. Where appropriate, the collective view of the forum might be offered to assist with applications for funding, or with support in other contexts.
- **Common Goal** – To encourage the development of a centre of academic excellence for occupational medicine in Wales – a goal to which occupational health practitioners, employers and politicians may all aspire.
- **Future Forum meetings** – To meet again in 6 months during the foundation year and annually thereafter.

In pursuing these objectives the forum is aiming to make and maintain contact with all medical practitioners involved in, or with an interest in, occupational health in Wales.

My term of office is coming to an end. I would like to take this opportunity to thank sincerely the colleagues and individuals who have given me support during the last four years as the Welsh representative. I would also like to wish my successor and the Faculty Board the very best of luck with the opportunities and challenges that lie ahead.

Will Davies



**Delia Skan**  
Representative of  
Northern Ireland

A Northern Ireland Forum of the Faculty of Occupational Medicine has been established (for membership see Annex 1). There are currently 14 specialist occupational physicians and five SpRs in training in the region.

The majority of specialist posts are in the public sector. Workplace health has gained strategic importance in Northern Ireland since the launch in 2003 of 'Working for Health' a cross departmental occupational health strategy spearheaded by the Health and Safety Executive for Northern Ireland. Five programme action teams, on two of which the Faculty is represented, are implementing the strategy.

In the past year Dr Jenkinson has been awarded an MBE and was also in receipt of the Society of Occupational Medicine (SOM) Travelling Fellowship. He is the Deputy Regional Specialty Adviser (RSA), with Dr Stevens as the RSA. The regional Specialist Training Committee is chaired by me.

The formation of the Faculty Forum is most welcome as it has been a spur to our members to consider the role of the Faculty in Northern Ireland and to strengthen relationships with the Faculty, the SOM and our sister Faculty in Dublin. At our preliminary meeting a number of themes emerged including building bridges with other doctors and medical students as well as with employers, employees and public health doctors. Added to this was the recognition of the need to strengthen local educational initiatives and research. The Forum acknowledges its advocacy role for health at work and in making occupational health more visible.

The Faculty Forum shared these ideas with members at the SOM meeting in March. The possibility of hosting a joint Educational Day with the SOM was aired and received a favourable response. This and other proposals raised in discussions will be shared with the wider Faculty membership with the aim of developing a more definite plan.

Delia Skan



**Jayne Moore**  
Representative of  
Specialist Registrars

- Transition
- OSCEs
- Assessment of competencies
- Trainee forum

The Specialist Registrar (SpR) representative role has changed hands this year with James Mackie completing his specialist



training in May. I would like to wish him well for the future and to thank him for the work he did in this role. I came to the Board in July having started my SpR rotation in April.

The AFOM examination took on its new guise in June 2003 when the first OSCEs (objective structured clinical examinations) were undertaken. The aim of the change in the examination is to achieve objectivity by standardising the clinical cases and observation of performance throughout the exam. I was aware of an air of trepidation prior to the examination but have heard no reports since.

The Board away day in October focussed on the assessment of competencies and the impact that this will have on the future organisation of training; it may even make the dissertation optional!

James had sown the seeds for a forum for Specialist Registrars, whereby there would be regional representatives, one for each deanery. The regional representatives would act as a conduit for ideas and concerns to be passed to and from the Board. The SpR masterclass at the Royal Society of Medicine in May acted as an opportunity for trainees to share problems and ideas and seemed to be appreciated by many. The idea of a forum would be to allow this type of interaction to continue to run. That being said the forum has been slow to take off. Of the 21 deaneries only 10 have regional representatives: these are the Army, Northern, Northern Ireland, South East Thames, Oxford, Scotland (South), South Western, South West Thames, Trent and Yorkshire. This leaves the remaining 11 deaneries without a regional representative, so if there are any willing volunteers....?

Jayne Moore



**Keith Palmer**  
Director of CPD

At a meeting of the Directors of Continuing Professional Development (DOCPD) of the Academy of Medical Royal Colleges and their Faculties in October 2003, a number of important principles were articulated and agreed that bear on the Faculty's CPD scheme.

Of note were the following statements:

1. Colleges and Faculties should offer a scheme that was accessible not only to their Members and Fellows, but also at reasonable cost to other relevant parties such as part-time doctors in their specialism.
2. The primary role of Colleges and Faculties should be to offer participants external quality assurance, so as to help them and others to evaluate their efforts. Periodic audit of members' returns was regarded as a *sine qua non* and the main added value that Colleges and Faculties provide to the process. Representatives from the GMC and the Department of Health at the meeting looked closely to the Colleges and Faculties to provide this service of external peer scrutiny.

3. Colleges and Faculties should avoid prescribing in great detail what participants should and should not do. The purpose of external audit was defined as to confirm that the reported activities were actually happening, not inappropriate, and reasonable in amount. It was hoped also that audit would confirm them to be acceptable in quality, although it was acknowledged that this aim is difficult to achieve with absolute certainty.
4. A system based on credits (one credit typically representing one hour of educational activity) was necessary to confirm a reasonable volume of activity. A target of 50 credits per year – representing as it does about an hour per week given over to self-education and keeping up to date – was universally considered professionally desirable.
5. Colleges and Faculties should acknowledge members' participation in CPD by issuing them with regular statements, based on their annually submitted returns.

I am pleased to say that in each of these respects the Faculty is compliant. Moreover, the general approach advocated, which is essentially a pragmatic one, is one that we have favoured and pursued now for some time. In particular, we agree with the goals expressed in the third statement – flexibility, a light hand, but ultimately some accountability; and audit as a service, a benefit, and a source of help to the membership. Increasingly, as we have checked through members' returns we have tried to provide generic and specific feedback; and in areas of difficulty to review the system – most recently by designing a new recording form for events that members tend to overlook in their current record-keeping but which can count in their returns.

The Faculty received 285 annual CPD returns from Members and Fellows in 2003, describing their educational activities over the calendar period January to December 2002. This represents a steady improvement on the 253 submitted for the year 2001 (an increase of 12.5%).

Typically, we audit returns on one occasion in the five-year CPD cycle. Altogether, 61 returns were selected for audit for 2002 and 40 (66%) of these were confirmed as achieving or exceeding the annual target of 50 hours. For 14 others a lesser amount of CPD was both claimed and confirmed. There were six non-responders. An audit of the 2003 returns is now under way. However, it seems clear from this and similar recent exercises that (1) more and more members are joining the scheme, and (2) there is still some way to go before everyone participates in CPD, as now expected under the GMC's terms for revalidation.

As in previous years, I encourage all members to participate fully in the scheme, which is a resource and a benefit of membership. The scheme is there to help you. If you haven't done so so far, sign up and take advantage of it.

Keith Palmer



**Graham Bell**  
Chair, Silver Jubilee  
Committee

2003 marked the Silver Jubilee of the Faculty's formation, and while this offered us the time to reflect on the advances of our specialty over the last 25 years, more importantly it provided us the encouragement to look forward to the challenges of the future. The opportunities to the Faculty are significant – making even greater contributions to the health of employees and the organisations they serve.

The Silver Jubilee Committee has delivered, through the very active participation of all its members, a programme of events designed not only to mark and celebrate the Jubilee, but also to strengthen our links to the business community and achieve a higher profile for Occupational Medicine in the years to come.

In partnership with the Society of Occupational Medicine and the Royal Society of Medicine, lectures and conferences were held. Professor Simon Wessely spoke at the SOM Annual Scientific Meeting in Southampton and challenged us to look at 'Somatisation and Occupationally-related illness', while the RSM co-hosted two events – one for trainees in May and an evening meeting in October at which Robin Cox spoke on "Occupational Medicine – the last 25 years".

Strengthening the links with the business community was both successfully and enjoyably achieved at dinners in London (Trinity House) and Edinburgh (former Royal Yacht Britannia). The broadcaster John Simpson addressed guests in London, while Des Browne, Minister of State at the Department for Work and Pensions, and Tom McCabe, Deputy Health Minister at the Scottish Executive both spoke in Edinburgh on the importance that Government places on Occupational Medicine. An excellent attendance of senior executives and managers from the private, public and military sectors was achieved. Each accompanied their Occupational Physicians to these dinners, and our members are to be congratulated for creating such a high profile guest list.

The Mobbs Travelling Fellowship, sponsored by Corporate Health Ltd, was established to support members wishing to further their studies of Occupational Medicine by visits to pacesetting organisations or enabling them to make presentations at key international conferences. Awards for the first year were made to the following:

Linda Bell  
Eugene Waclawski  
Nerys Williams

As the official memento of the Jubilee year, a history of the first 25 years was written with outstanding commitment by Dudley Bruton, ably assisted in editing by Robin Cox. Dedicated to Peter Swann, the founding Dean of the Faculty, a copy will be sent to all members of the Faculty in the New Year.

Although spilling into 2004, it is perhaps opportune to report on the final events of the Jubilee year. On the coldest night of the winter, the Jubilee Party took place on the Thames, on board the Silver Barracuda. The temperature and snow did not detract from the excellent evening of fellowship that took place, while a caricaturist captured the true features of many of our well known members!

The following day saw the Conference held at the Royal College of Physicians on 29th January. Eminent speakers from the fields of medicine, technology, pensions and sociology considered the world 25 years from now, and Malcolm Harrington drew together the impact that these changes would have on Occupational Medicine, and encouraged the Faculty to adapt to meet the new challenges.

Looking ahead, the year will be brought to a close at the AGM in May when the Colt Foundation sponsored Lecture, "Disease or illness – what's the difference?" will link their Silver Jubilee with ours.

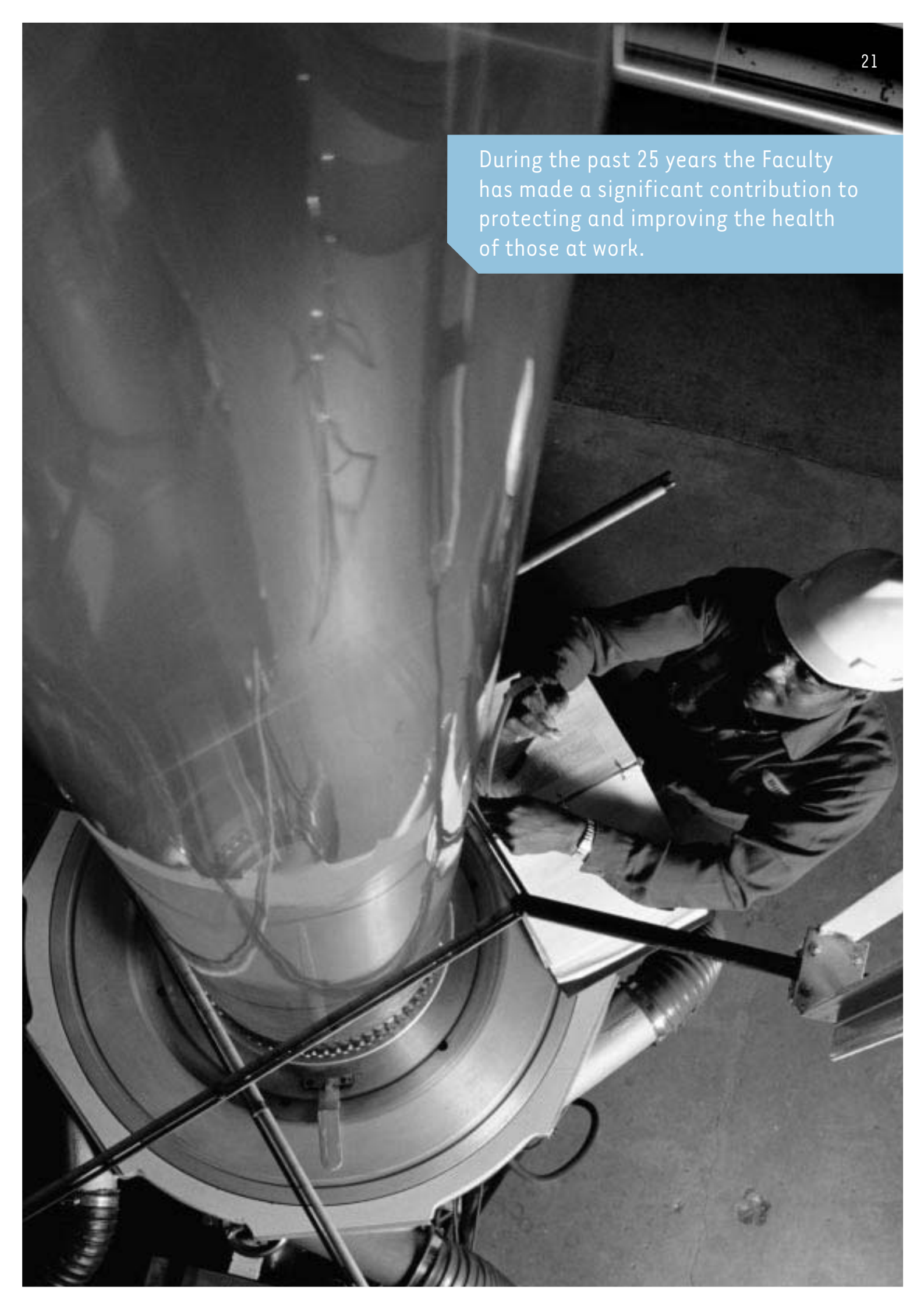
The considerable successes of the year have been made possible only by the dedication of all members of the Jubilee Committee and the Faculty staff. Additionally, we're grateful to the Faculty's Communications Working Group for their support.

Finally, we have been very generously supported both financially and with other gifts by a large number of organisations, listed below, and to them the Faculty extends its appreciation and gratitude.

Sponsors of the Silver Jubilee:

Corporate Health Ltd  
Esso  
Royal Mail  
GSK  
BP  
Pfizer  
Scottish and Newcastle  
Department for Work and Pensions  
Department of Health  
BG Group  
Unilever  
AstraZeneca  
BT  
BNFL  
Centrica  
Diageo  
Praxis42  
Conoco

**Graham Bell**



During the past 25 years the Faculty has made a significant contribution to protecting and improving the health of those at work.

## List of Committees Membership and Representatives

### Executive Committee

Dr W J Gunnyeon	President (Chair)
Dr O H Carlton	Registrar
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer

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

### Silver Jubilee Committee

Dr J G Bell	Chair
Dr R A F Cox	
Dr G A B Cunningham	
Dr W M Dixon	
Dr R V Johnston	
Dr S A Robson	
Dr N Royan	

The Silver Jubilee Committee was formed to plan activities to celebrate the achievements of 25 years, enhance the profile of the Faculty in the business and medical communities and re-inforce the foundations and build for the future of Occupational Health

### Communications Working Group

Dr U T Ferriday	Assistant Registrar (Chair)
Dr C D Payton	Newsletter Editor
Dr D Patel	Press Officer
Dr R Thornton	Conference Secretary
Dr C F Amos	
Dr A D Archer	
Dr P R Grime	
Dr M D McKinnon	

The Communications Working Group aims to develop and implement highly effective systems of clear and purposeful internal and external communications for the Faculty.

### Scottish Affairs Forum

Dr C E Pugh	Chair
Dr S Kemp	
Dr F Macdonald	
Dr A H Mounstephen	
Dr I S Symington	
Dr M E Wright	
Dr A D Watt	SOM representative

The Scottish Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Scotland, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative represents those practising occupational medicine in Scotland.

### Welsh Affairs Forum

Dr W W Davies	Chair
Dr G Denman	
Dr T I Evans	
Dr G J Judge	
Dr M G Tidley	
Dr P L Wyke	
Dr P J L M Oliver	SOM representative

The Welsh Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Wales, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative represents those practising occupational medicine in Wales.

### Northern Irish Affairs Forum

Dr D I M Skan	Chair
Dr D Courtney	
Dr W R Jenkinson	
Dr A P McCrea	
Dr M Tohill	
Dr A C A Glasgow	SOM representative

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



### European Affairs Forum

Dr E B Macdonald	Chair
Dr R J LHeron	Chairman
Dr B M Crichton	
Dr W W Davies	
Dr N P Dowdall	
Dr P F G Gannon	
Dr D Sen	
Dr S Pugh Williams	
Dr A J M Slovak	(SOM representative)

The European Affairs Forum provides a focus for discussion and debate on European occupational health issues, a European dimension to the consideration of new Faculty policies and initiatives, and helps strengthen links with our European colleagues, thus demonstrating the Faculty's interest in and commitment to Europe.

### Fellowship Committee

Surg Cdre J J W Sykes	Immediate Past-President (Chair)
Dr O H Carlton	Registrar
Dr M J F Davidson	Elected RSA Representative
Professor T C Aw/	Fellows appointed by the Board
Dr A M Samuel	
Dr T M Gibson/Dr R Thornton	
Dr A M Grieve	
Dr P J Nicholson/Dr E R Wacławski	
Dr F C Page	
Dr N R Williams	

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

### Merit Awards Committee

Professor T C Aw	Chair
Dr W J Gunnyeon	President
Dr D H Wright	President, SOM
Professor P G Blain	
Professor D N M Coggon	
Dr C C Harling	
Dr E M Macdonald	

The Faculty Merit Award Committee nominates NHS consultants in occupational medicine for distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages Faculty Members and Fellows to submit the relevant documentation to the committee for consideration. A guide to the awards scheme is available on the Internet ([www.doh.gov.uk/accea](http://www.doh.gov.uk/accea)).

### Ethics Committee

Dr C C Harling	Chair
Dr W J Gunnyeon	President
Dr O H Carlton	Registrar
Dr U T Ferriday	Assistant Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr P Litchfield	Treasurer
Ms S Cave	Co-opted non-medical member: OH nurse
Mr O Tudor	Co-opted non-medical member: TUC

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also publishes Guidance on Ethics for Occupational Physicians, the 6th edition of which is currently in preparation. In 2003, on the recommendation of the Committee, the Faculty Board agreed a new Committee structure, which will take effect in 2004. It is not the remit of the Committee to consider and report routinely on ethical considerations arising out of individual research projects or protocols proposed by members, which should normally be submitted to District or Regional Ethics Committees or other appropriate committees such as those established by Universities or the Armed Forces.

### Revalidation Committee

Surg Cdre J J W Sykes	Chair
Dr W J Gunnyeon	President
Dr O H Carlton	Registrar
Dr J Harrison	Academic Dean
Dr G Parker	Training Dean
Dr K T Palmer	CPD Director
Dr M G Braithwaite	
Dr G W Davies	
Dr A M Grieve	
Dr N G Morris	
Dr N L G McElearney	SOM Education Panel representative
Professor J M Harrington	SOM nominee
Mr D Pilling/Mr B Sharpe	GMC representative

The Revalidation Committee advises the Board and the membership on all matters relating to the forthcoming process of revalidation

**List of Committees Membership and Representatives cont.****Academic Committee**

Dr J Harrison	Academic Dean (Chair)
Dr W J Gunnyeon	President
Dr O H Carlton	Registrar
Dr P Litchfield	Treasurer
Dr G Parker	Training Dean
Dr P I Raffaelli	Chief Examiner
Dr K T Palmer	CPD Director
Dr S Turner/	Internal Assessor
Dr A Pilkington	

The Academic Committee oversees the education and examination strategy of the Faculty and therefore considers all matters pertaining to the awards of Associateship and Membership of the Faculty. It also reviews the competencies profile for Occupational Physicians, monitors compliance with CPD, runs workshops for trainees and, when necessary, initiates the examination appeals process.

**Chief Examiners Committee**

Dr P I Raffaelli	Chief Examiner (Chair)
Dr W J Gunnyeon	President
Dr J Harrison	Academic Dean
Dr M R Dean	Deputy Chief Examiner AFOM
Dr S R Boorman	Deputy Chief Examiner DOccMed
Dr T M Gibson	Deputy Chief Examiner DDAM
Air Cdre A J Batchelor	Deputy Chief Examiner DAvMed

The Chief Examiners Committee considers all matters relevant to the examination process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners.

**AFOM Management Committee**

Dr M R Dean	Deputy Chief Examiner (Chair)
Dr P I Raffaelli	Chief Examiner
Dr J Anderson	
Dr M Jennings	
Dr D S D Jones	
Dr I A McCoubrey	
Dr S Sadhra	
Dr D Sen	
Dr P A Siklos	
Dr J S F Tamin	

The AFOM Management committee devises, sets and reviews the biannual AFOM examination.

**DOccMed Management Committee**

Dr S R Boorman	Deputy Chief Examiner (Chairman)
Dr P I Raffaelli	Chief Examiner
Dr W C W Cheng	
Dr J Henderson	
Dr P M Jeffrey	
Dr K T Palmer	
Dr R Thornton	
Dr S T Wang	
Dr L P Wright	

The DOccMed Management Committee devises, sets and reviews the DOccMed examination.

**DDAM Management Committee**

Dr T M Gibson	Deputy Chief Examiner (Chairman)
Dr P I Raffaelli	Chief Examiner
Dr M Henderson	
Dr C Hudson	
Gp Capt D Jones	
Dr N Mitchell-Heggs	
Dr N Niven-Jenkins	

The DDAM Management Committee devises, sets and reviews the DDAM examination.

### DAvMed Management Committee

Air Cdre A J Batchelor	Deputy Chief Examiner (Chairman)
Dr J Harrison	Academic Dean
Dr P I Raffaelli	Chief Examiner
Dr M Bagshaw	
Dr M G Braithwaite	
Dr A D B Evans	
Dr T M Gibson	
Wg Cdr D Gradwell	
Dr R V Johnston	
Wg Cdr H Lupa	
Dr C Sharp	
Dr A P Steele-Perkins	

**This Committee sets the annual DAvMed examination, monitors and audits this examination process and advises on the composition of the examiner panel and their training.**

### Peter Taylor Award Committee

Dr J Harrison	Academic Dean (Chairman)
Professor T C Aw*	
Dr A Pilkington	Internal Assessor
Dr D H Wright	SOM representative

**The Peter Taylor Award Committee assesses the dissertations submitted for Membership of the Faculty for this award and makes recommendations to the Academic Committee.**

**\*[Professor Aw has been a member of the Peter Taylor Award Committee since 1997 and was erroneously omitted from last year's report]**

### Research Committee

Professor C A C Pickering	Chair
Dr J Harrison	Academic Dean
Dr A E Cockcroft	
Professor A Griffiths	
Mr B Kazer	
Dr S Khan	
Dr I Madan	
Dr L Rushton	
Dr D C Snashall	
Dr E R Wacławski	
Mr L Waterman	

**The Research Committee advises the Faculty on the strategic direction of occupational medicine research, taking into consideration nationally agreed research priorities and the need to develop evidence based, cost effective occupational health practice. The committee also advises the British Occupational Health Research Foundation (BOHRF) management committee and produces a report for the sponsors of BOHRF summarising the activities of the committee and recommending future research options.**

### Specialist Training Committee

Dr G Parker	Training Dean (Chair)
Dr W J Gunnyeon	President
Dr O H Carlton	Registrar
Dr J Harrison	Academic Dean
Dr N K Cooper	
Dr M J F Davidson	
Dr B H Hicks	
Dr K Holland-Elliott	
Dr J G Mackie/Dr J Moore	
Dr N G Morris	
Dr P J J Ryan	
Dr D I M Skan	

**The Specialist Training Committee advises the Faculty Board on any matter related to higher specialist training in occupational medicine, including the training programme, inspection and approval of training placements and the appointment of educational supervisors. The Specialist Training Committee recommends to the Specialist Training Authority the award of a CCST.**

The achievement of our mission is through standard setting, training, research, advocacy and working in partnership.





## List of Committees Membership and Representatives cont.

### Regional Specialty Advisers and Deputies

Region	RSA	Deputy
Northern	Dr G M Helliwell	Dr C J English
Yorkshire	Dr D C Batman/ Dr J M Shepherd	Dr M J Taylor
Trent	Dr I R Aston	Dr R M Quinlan
East Anglia	Dr P J Baxter	Vacant
NW Thames	Dr M J F Davidson	Dr C F Amos
N E Thames	Dr C T Lamb	Dr D A P D'Auria/Dr D Ferriday
S E Thames	Dr D C Snashall	Dr A M Finn
S W Thames	Dr R V Johnston	Dr K Holland-Elliott
Wessex	Dr R G Crane	Dr K T Palmer/Vacant
Oxford	Dr A E Ross/Dr N J Lewis/ Dr K M Venables	Dr N J Lewis/Dr K M Venables & Dr G W Davies/ Dr G W Davies & Dr J Spiro
South West	Dr R Philipp	Dr G M F Woodroof
West Midlands	Dr S C Sheard	Dr A S Robertson
Mersey	Dr S A Robson	Dr D H Wright
North West	Dr F C Page	Dr D G Menzies
Wales	Dr G Denman	Dr M G Tidley
South Scotland	Dr C E Pugh/Dr A G Elder	Dr A G Elder/Dr G M Fletcher
North Scotland	Dr M E Wright	Dr M M Watt
Northern Ireland	Dr A B Stevens	Dr W R Jenkinson
Navy	Dr C C Harling	Surg Capt M R Dean Surg Cdre N E Baldock
Army	Professor J M Harrington	Lt Col J P Owen Col R Thornton
Air Force	Dr E B Macdonald/ Dr U T Ferriday	Wg Cdr J Cartwright Gp Capt A C Wilcock
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Dr S C P M Shearer	Dr M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

### Representatives on other bodies

Academy of Medical Royal Colleges	Dr W J Gunnyeon
Health Inequalities Forum	Dr J T Carter
Academy of Royal Colleges and Faculties in Scotland	Dr E B Macdonald/Dr C E Pugh
BMA Junior Doctors Committee	Dr J K Moore
BMA Occupational Health Committee	Dr N F Davies
CAA Aviation Medicine Forum	Dr S T Wang
CoPMED Flexible Training Working Group	President/Dr A M de Bono
DoH Standing Medical Advisory Committee	Dr W J Gunnyeon
European Union of Medical Specialists	Dr E B Macdonald
HSC Occupational Health Advisory Committee	Dr K T Palmer
HSE Asthma Project Board	Dr P J Nicholson
Intercollegiate Academic Board of Sport and Exercise Medicine	Dr S C Sheard
<i>Occupational and Environmental Medicine</i> Editorial Board	Dr D C Snashall
POOSH	Dr A M de Bono
OPRA Advisory Committee	Dr J T Carter
Royal College of Physicians of London Council	Dr W J Gunnyeon
International Committee	Dr T P Finnegan
Specialist Training Authority of the Medical Royal Colleges Implementation Group	Dr W J Gunnyeon
Toxicology Liaison Officer	Dr G Parker Dr M A Cooke

## Representatives' Reports

### **BMA Occupational Health Committee**

The BMA Occupational Health Committee sits three times a year with a broad remit to consider and report on any matters affecting health safety and welfare at work and to advise the Association on the implementation and impact of health safety and welfare legislation in relation to its members and their working environment. Topics addressed in the year included: Infection Control, Occupational Health Services for General Medical and Dental Practitioners and their staff, Mental Health Care for NHS professionals, Sickness Certification developments and trials and sundry other items from fees for Occupational Health Reports to a review of the Occupational Physician Booklet.

A small team from this committee attends the BMA Annual Representative Meeting ensuring that any Occupational Health motions tabled are duly considered.

Neil Davies

### **CAA Aviation Medicine Forum**

This Forum meets twice a year in order to enhance communication and liaison with key stakeholders in the pilot and air traffic community. The main developments within the medical division in 2003 were:

#### 1. AME On-line Project

This is the natural extension of the electronic data management project which is continuing within the CAA. By sending the medical data on line audit will be possible and error rates significantly reduced. Currently 20 authorised medical examiners are on line and the target is to have all examiners eventually sending medicals this way.

#### 2. Passenger Health

The Aviation Health Unit, headed by Dr Annette Ruge, was established in December and will specifically address areas which have, in the past, not been fully addressed in the process of regulation. She will liaise with airlines and the Department of Transport and co-ordinate pertinent research.

#### 3. Alcohol and Drugs

The Railways and Transport Safety Act was given Royal Assent in July 2003 and from 1 April 2004 the Bill will allow the police to breathalyse individuals in aviation on reasonable suspicion or post incident. The limit is 20 mgs per 100 ml for the majority of personnel undertaking aviation functions but the limit for licensed engineers has been set by Government at 80 mgs per 100 ml.

#### 4. National PPL

The Medical Standards for the National PPL are linked to those of the DVLA and the medical certificate is issued by General Practitioners. To facilitate communication in this respect a website has been established with the information available for certifying General Practitioners and local medical committees.

#### 5. Appraisal and Revalidation for Authorised Medical Examiners

Under the Joint Aviation Requirements (JAR), authorised medical examiners are required to undertake a minimum of 20 hours of refresher training of which six hours must be under the direct supervision of the Aeromedical Section of the CAA in a clear authorisation period. It has been stressed to the authorised medical examiner community that they are responsible for their own revalidation in accordance with "Good Medical Practice". The CAA Medical Division will audit the quality of the examinations received and act appropriately on any shortcomings.

### **Development within Europe**

Under the JAR medical standards have been harmonised throughout and regular meetings are held to ensure that the medical standards keep pace with the developments in research in the general medical community.

One of the on-going projects is to allow certification of private pilots who are "monocular" but whose uncorrected visual acuity in the other eye is 6/6.

Su Wang

### **CoPMED Flexible Training Working Group**

This group, a subsidiary of the Committee of Postgraduate Medical Deans, meets once or twice a year to discuss issues related to flexible training for junior medical staff and flexible working arrangements in substantive career posts. It has played a major role in the development of such schemes; but as these have become part of the mainstream its work has decreased. Faculty participation has raised awareness of our specialty and also encouraged understanding of the role of Occupational Health in the assessment and assistance of doctors who require flexible training for health reasons.

Anne de Bono

### **HSC Occupational Health Advisory Committee (OHAC)**

The profile of occupational health in HSE and the HSC has been high in the previous year. The Commission's ten-year occupational health strategy, and the initiatives *Securing Health Together* and *Revitalising Health and Safety* have played a prominent part in the deliberations and work of OHAC. But other important issues, such as governmental targets to reduce the incidence and burden of occupationally-related illnesses and development of a forward-looking strategic review of HSE activities have also loomed large. The Commission now recognises that 'of the 40 million days lost [in 2001/2] to occupational ill-health and injury, 33 million were attributable to ill-health'.

OHAC has contributed over the past year both to strategic thinking within HSE and to progress with the priority programmes on preventing musculoskeletal injuries and work-related stress. Working groups of OHAC have pressed for a mapping exercise, which is now being used to organise, prioritise, and support the initiatives on musculoskeletal disease; and they are helping to develop performance targets against which the management of occupational stress can be monitored.

Less positive has been the recent announcement to suspend OHAC meetings pending a structural review. OHAC is a representative body with members drawn from the trades unions, the CBI and the community of health and safety professionals, and the Executive is investigating alternative means of stakeholder involvement. The Faculty, the Society of Occupational Medicine, the BMA Occupational Health Committee and most other bodies represented on OHAC have expressed concern about a potential loss of strategic direction by HSE at a critical juncture of its occupational health plan. Apparently, no firm decision has been taken on OHAC's future, and the body may still be reconstituted. We must hope so, as a strong empowered and informed Executive is in the interests of good occupational medical practice nationally and the public health.

Keith Palmer

#### **HSE Asthma Project Board**

The Faculty and Society have joint representation on HSE's Asthma Project Board. Although the Board only met once, a huge amount of activity occurred outside of Board meetings. My predominant involvement was as deputy chair of a BOHRF evidence based guidelines research working group chaired by Tony Newman Taylor and with an HSE seconded scientific secretary.

I attended an HSL workshop to identify areas where research will help achieve a 30% reduction in the incidence of occupational asthma by 2010. I also spoke on occupational asthma at three conferences; HSE's occupational hygiene conference, BOHS conference and the second POOSH conference for European Week for Health and Safety at Work.

Paul J Nicholson

#### **Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM)**

The Intercollegiate Academic Board of Sports and Exercise Medicine (IABSEM) continues to manage the Diploma in Sport and Exercise Medicine. Examinations are held twice a year and rotate through England, Scotland and Ireland. The Medical and Defence Union of Scotland has advised it will provide cover for doctors pursuing sport and exercise medicine practice but only if they hold the IABSEM Diploma. Following a successful meeting hosted by the Minister for Sport in March 2003 a case has been developed for recognising Sport and Exercise Medicine as a new specialty for training. Significant support has been received from the Department for Culture, Media and Sport and the Department

of Health. The relevant documentation has been forwarded to the DoH in accordance with their recommendations. The Faculty supports this venture which is planned to increase the health and wellbeing of the general public as well as providing support for elite athletes. For the latter group, of course, sport and exercise medicine is nothing more than their normal occupational medicine.

Simon Sheard

#### **OPRA Advisory Committee**

OPRA and all related reporting systems continue to thrive, as those who participate will know. There has been one meeting of the Advisory Committee which I attended on behalf of the FOM, as well as giving ad hoc advice during the year.

Developments include: wider use of informatics, improved methods for earlier identification of possible risks, improvements in diagnostic criteria - in particular a study of the terms used by psychiatrists and occupational physicians. An extension of group reporting arrangements to involve a number of the larger OH providers was considered following presentations about their information systems. Meeting ever more demanding requirements on ethical aspects of confidentiality remains a key requirement for OPRA.

Tim Carter

#### **Professional Organisations in Occupational Safety and Health (POOSH)**

According to its mission statement this organisation aims to: 'promote the continuous improvement of the practice of Occupational Safety and Health through education, communication and the encouragement of co-operation between all persons and agencies involved in the provision of a safe and healthy working environment.'

The meetings, held three times a year at IOSH headquarters, provide a forum for informal discussion and networking between representatives from all the major professional groups, societies and government agencies in this field, an opportunity which is welcomed by the Faculty. There has been lively debate about the extent to which POOSH could, or should, develop into a distinct entity able to represent the views of its member organisations.

Anne de Bono

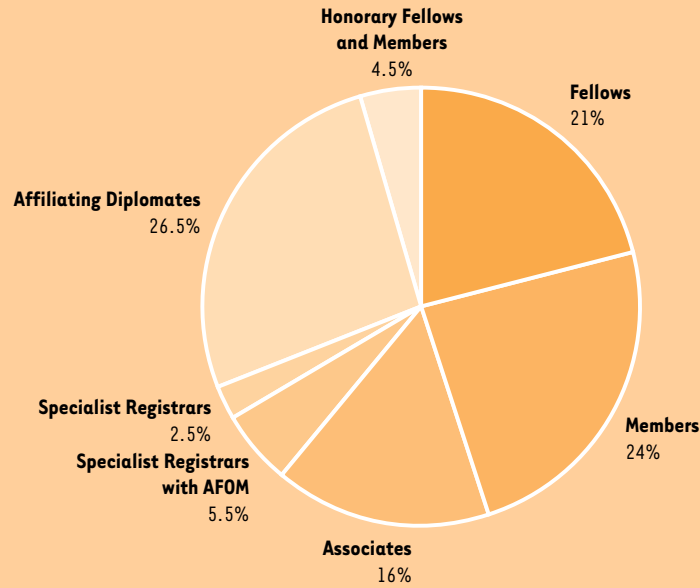
#### **Royal College of Physicians International Committee**

The International Committee has not met for a year and has been dissolved pending clarification of the College's international role. This should occur during 2004.

T P Finnegan


**Membership by grade at 31 December 2003**

Total subscribing members – 1701



	UK	EU	Overseas	Total
<b>Fellows</b>	334	4	26	364
<b>Members</b>	349	5	36	390
<b>Associates</b>	246	6	20	272
<b>Specialist Registrars with AFOM</b>	95			95
<b>Specialist Registrars</b>	47			47
<b>Affiliating Diplomates</b>	434	12	10	456
<b>Honorary Fellows and Members</b>	53	7	17	77
<b>Total</b>	<b>1558</b>	<b>34</b>	<b>109</b>	<b>1701</b>





We aim to create a Faculty which sets standards in relation to training and examinations which others seek to emulate.

**Annex 2****Award of Fellowship for 2003**

P A Atkinson  
 B M S Cooper  
 J A Hobson  
 F M Kennedy  
 M D McKinnon  
 J P Owen  
 A Pilkington  
 A J Scott  
 M K Sherry  
 S Turner  
 S T Wang  
 L P Wright

**Honorary**

Dr K M Addley  
 Dr T P Cullinan  
 Dr G Kulkarni  
 Dr P Nmadu  
 Dr S Sadhra  
 Dr S J Watt

**Annex 3****Award of Membership for 2003**

J Aitken  
 A B Baker  
 M J Charlson  
 A P Colvin  
 I L Griffiths  
 G J Judge  
 J D Henderson  
 A K Hilliard  
 E J Hutchison  
 I M Kennedy  
 S L Khan  
 V P Kisnah  
 G D Logan  
 C M Maginnis  
 DH Major

P D McGuinness  
 P A Mellors  
 G Nicholson  
 F W O'Reilly  
 T O Osunsanya  
 J A Pearlman  
 S J Randall  
 C R Rayner  
 A P Roberts  
 J E Spenceley  
 P F Stuckey  
 P S Turnbull  
 S J Waters  
 E Wilkinson

Winner of the 2003 Peter Taylor Award  
 (for the best dissertation submitted):  
*Dr C M Maginnis*

**Annex 4****Award of Associateship for 2003****January 2003 Examination**

B A Adejoro  
 A J R Bushby  
 M C P Fenwick  
 D J Haldane  
 Z Iqbal  
 T Jagathesan  
 G J Judge  
 A J Roberts  
 M A Rooms  
 C T B Vivian

**June 2003 Examination**

J M Bastock  
 M E Blatchford  
 D A Cohen  
 M A Coolican  
 R F Cordell  
 S D K Flynn  
 D J Fox  
 W C Fraser  
 A Hynes  
 M J Kehoe  
 P Krishnan  
 K J M MacCallum  
 S Sperber  
 M Tohill  
 L J Wright

*No of candidates sitting: 15*  
*No of candidates passing: 10*  
*Passing percentage: 67%*

*No of candidates sitting: 22*  
*No of candidates passing: 15*  
*Passing percentage: 68%*

Winner of the 2003 William Taylor Memorial Prize  
 (for the highest overall score):  
*Dr R F Cordell*

**Annex 5****Award of DOccMed for 2003****May 2003 Examination**

A R L Allsop  
 C G Bell  
 C E Bone  
 P R Buchman  
 P M Cannon  
 P Chin  
 C M Clark  
 G Clayton  
 G P Davies  
 R A Davies  
 F C Dorward  
 J R Gadd  
 F J Graham Munro  
 M S Green  
 Y Hall  
 J S Hamill  
 C A H Hands  
 I H Heatley  
 C P Herdman  
 D H Hughes  
 R I Hussain  
 S Hutchison  
 I A Iwot  
 A H Jones  
 J Keating  
 P E Lane

B Majumdar  
 P Manickarajah  
 A Maw  
 P Naidoo  
 S D N O'Hara  
 P M Paciorek  
 J A Popplewell  
 S M Potter  
 J W P Preston  
 P J Rawlings  
 D J Robson  
 D R C Roomes  
 Y J Small  
 A D S Smith  
 M N Street  
 H C Teare  
 B Thomson  
 R J C Turner  
 D P E Waller  
 A P Wander  
 S R Williams  
 J M Wimborne

*No of candidates sitting: 51*  
*No of candidates passing: 48*  
*Passing percentage: 94%*

## Annex 5 cont.

### Award of D0ccMed for 2003

#### November 2003 Examination

F B Ahmed	A Mostyn
M B Aliyu	M K Pearston
A J Apps	L Philip
D J Cattanach	S M Phillips
G Desai	C Reckling
A Fertig	A J Riley
M A Grainger	J M Roberts
J S Griffiths	S Schaefer
V Grippaudo	H D Shrimpton
P W Haddon	K R H Smith
N G Hansford	T L Venables
R O Hinds	S M Wadman
K L Izuora	A P F Warren
S Kacker	T H Willson
J E Kiel	
N Loqueman	
A Mackenzie	<i>No of candidates sitting: 39</i>
P Mallik	<i>No of candidates passing: 33</i>
A H McLean	<i>Passing percentage: 85%</i>

Winners of the 2003 AstraZeneca Prizes  
(for the highest overall score)

*Dr A J Apps*  
*Dr G Clayton*  
*Dr K R H Smith*

## Annex 6

### Award of DDAM for 2003

M E Allerton	R Kacker
S H G Baier	V Kiely
P Bayjoo	D P Maunders
D I Bird	M A Parker
M J Clarke	M J Peat
K R Daniels	D T M Pereira
H A Duncalf	J A Pfang
S C Duxbury	J E Scotton
G R H Fairbairn	V Swanepoel
S A Farmer	S K Tamin
S D Forman	C D Youell
S R Gash	
H Greenwood	
A M Harvey	<i>No of candidates sitting: 40</i>
T M Hughes	<i>No of candidates passing: 28*</i>
R L D Jones	<i>Passing percentage: 70%</i>

Winner of the 2003 Corporate Health Prize  
(for the best performance in the examination)

*Dr J Pfang*

\*one successful candidate asked not to be listed

## Annex 7

### Award of DAvMed for 2003

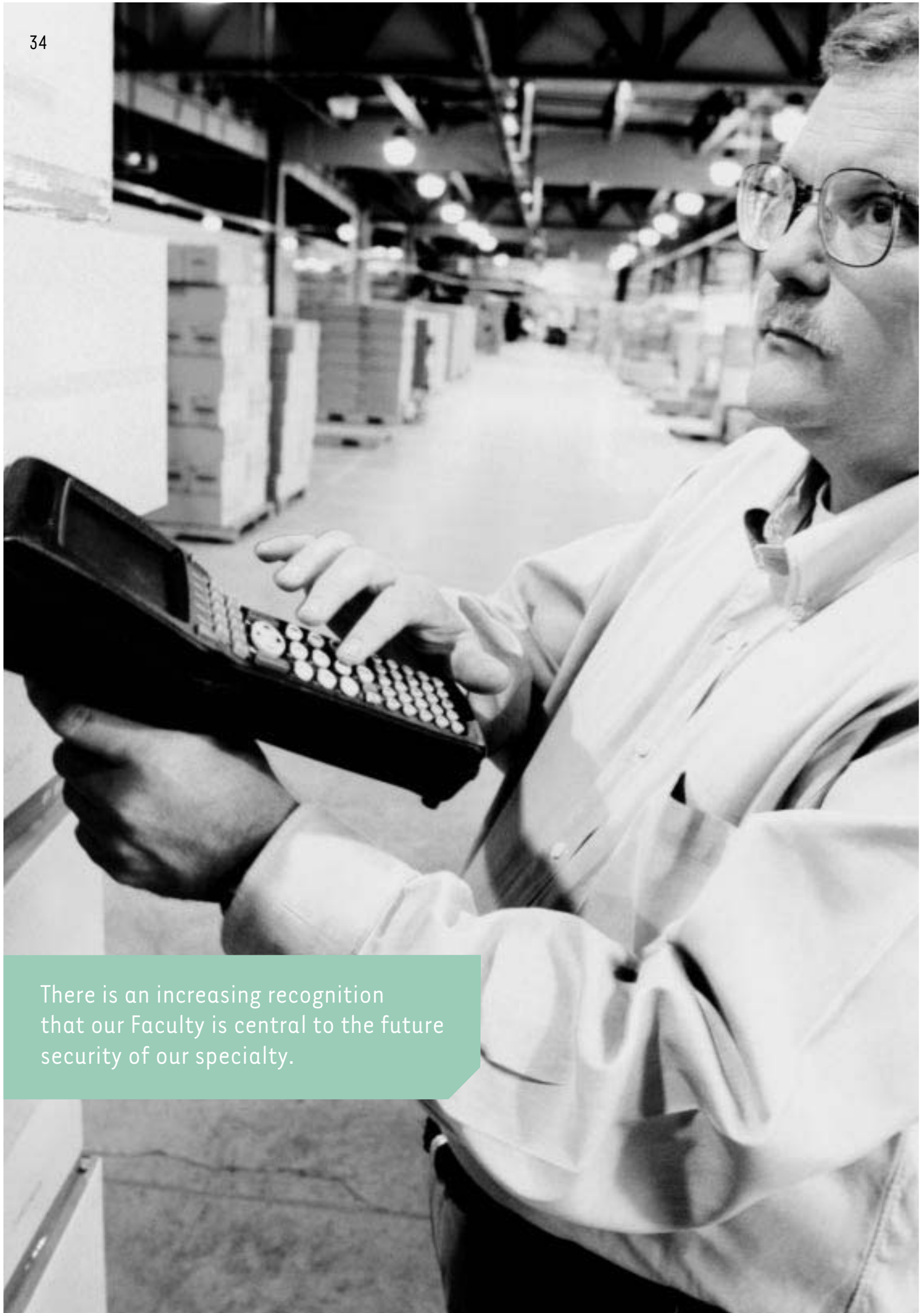
A Al Aamri	B Opperman
B Bain	Z B Othman
O Bird	A Petalas
D Daborn	D Randell
A Domin	M Tan Chiang Lee
A A Haider	R Wylie
H Hoar	
H B Lim	<i>No of candidates sitting: 17</i>
M McGrath	<i>No of candidates passing: 16</i>
G Norman	<i>Passing percentage: 94%</i>

Winner of the Stewart Memorial Prize  
(for the best examination performance)  
*M Tan Chiang Lee*

Winner of the 2003 British Airways Harrison Memorial Prize  
(for being the best student on the DAvMed course whose mother tongue is not English, judged on performance in both course and examination)

*A Domin*





There is an increasing recognition that our Faculty is central to the future security of our specialty.



## Accounts for the year ended 31 December 2003

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## Registered office and advisors

**Registered Office:** Faculty of Occupational Medicine  
6 St Andrew's Place  
Regent's Park  
London  
NW1 4LB

**Bankers:** Lloyds TSB  
190 Great Portland Street  
London  
W1A 4LN

Bank of Scotland International Limited  
31-33 New Street  
St Helier  
Jersey  
Channel Islands  
JE4 8YW

**Solicitors:** Speechly Bircham  
6 St Andrew's Street  
London  
EC4A 3LX

**Auditors:** PKF  
Farringdon Place  
20 Farringdon Road  
London  
EC1M 3AP



Occupational health, rehabilitation and workability are high on many agendas within government and industry.

## Report of the Board of the Faculty

The Board of the Faculty is pleased to present its report for the year ended 31 December 2003.

### Legal and administrative details

The Faculty of Occupational Medicine was set up under Standing Orders adopted on 1 March 1978 and is a registered charity number 1035415.

### Objectives

Its objects are:

- to promote for the public benefit the advancement of education and knowledge in the field of occupational medicine;
- to act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine;
- to 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.

There are no restrictions in the Standing Orders on the power to invest or concerning the ways in which the Faculty can operate.

### Review of development

The principal policies and developments are set out in the reports of the President, Registrar, Academic Dean, Training Dean, Assistant Registrar, Chief Executive, Board Representatives of Scotland, Wales, Northern Ireland and Specialist Registrars, the CPD Director and Chair of the Silver Jubilee Committee.

### Financial review and reserves policy

A full financial review is set out in the report of the Treasurer. As explained in that report, the policy of the Board is to accumulate a free reserve equivalent to six months expenditure, building this up over the next five years. This reserve will allow unexpected circumstances to be faced without the risk of financial ruin. The Board has also determined to designate a capital fund which represents amounts equivalent to the value of the investment portfolio and the related accrued income. This capital fund was designated in 2000 and is intended to allow appropriate provision to be made for the cost of accommodation once the rent free period, generously provided by the Royal College of Physicians, expires in 2010. At the year end, the Board considered that it had free reserves of £155,349 and a capital fund currently valued at £255,429. The Board will annually reconsider the adequacy of these levels of reserves in the light of future plans.

### Investment policy

It is the policy of the Board to invest the capital reserve, mentioned above, for capital growth on a medium risk basis. Cash balances in excess of immediate requirements are deposited in higher interest rate accounts.

### Internal controls and risk

The trustees have overall responsibility for ensuring that the charity has appropriate systems of controls, financial and otherwise. They are also responsible for keeping proper accounting

records which disclose with reasonable accuracy at any time the financial position of the charity. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide reasonable assurance that:

- the charity is operating efficiently and effectively;
- its assets are safeguarded against unauthorised use or disposition;
- proper records are maintained and financial information used within the charity or for publication is reliable;
- the charity complies with relevant laws and regulations.

The systems of internal control are designed to provide reasonable, but not absolute, assurance against material misstatement or loss. They include:

- a strategic plan and an annual budget approved by the trustees;
- regular consideration by the trustees of financial results, variance from budgets, and non-financial performance indicators;
- delegation of authority and segregation of duties;
- identification and management of risks.

The trustees have, with advice from their auditors, introduced a formal risk management policy to assess business risks and implement risk management strategies. This involved identifying the types of risks the charity faces, prioritising them in terms of potential impact and likelihood of occurrence and identifying means of mitigating the risks. The trustees are pleased to report that provisions are in place to mitigate the risks considered to be potentially the most major. Policies relating to the implementation of the risk management are reviewed annually and procedures are in place to monitor risks on an ongoing basis.

### Members of the Board

The Board is elected by the membership in accordance with the Standing Orders; details of members are set out separately.

### Address and advisors

The principal address of the Faculty and the principal advisers to the Faculty are set out separately.

Approved by the Board on 7 April 2004 and signed on its behalf by:

**Treasurer:** Dr P Litchfield FRCP FFOM

**President:** Dr W J Gunnyeon FRCP FFOM FRCGP DIH

## Statement of the Board's responsibilities

The Charities Act 1993 requires the Board (as trustees) to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Faculty and of its financial position for that period. In preparing those financial statements, the Board is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Faculty will continue in business.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Faculty and ensure that the financial statements comply with the applicable laws. The Board is also responsible for safeguarding the assets of the Faculty and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board is responsible for ensuring that the Report of the Board of the Faculty (and other information in the annual report) is prepared in accordance with charity law in the United Kingdom.

## Independent Auditors' Report to the Board of The Faculty of Occupational Medicine

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2003 which comprise the Statement of Financial Activities, the Balance Sheet and related notes. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the Board of The Faculty, as a body, in accordance with Regulation 6 of the Charities (Accounts and Reports) Regulations 1995. Our audit work has been undertaken so that we might state to the Board of The Faculty 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 Board of The Faculty as a body, for audit work, for this report, or for the opinions we have formed.

### Respective responsibilities of the Board of The Faculty and auditors

The Board of the Faculty's responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of the Board's Responsibilities.

Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards. We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Report of the Board of the Faculty is not consistent with the financial statements, if the Faculty has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We read the Report of the Board of the Faculty and consider the implications for our report if we become aware of any apparent misstatements within it.

### Basis of audit opinion

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

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

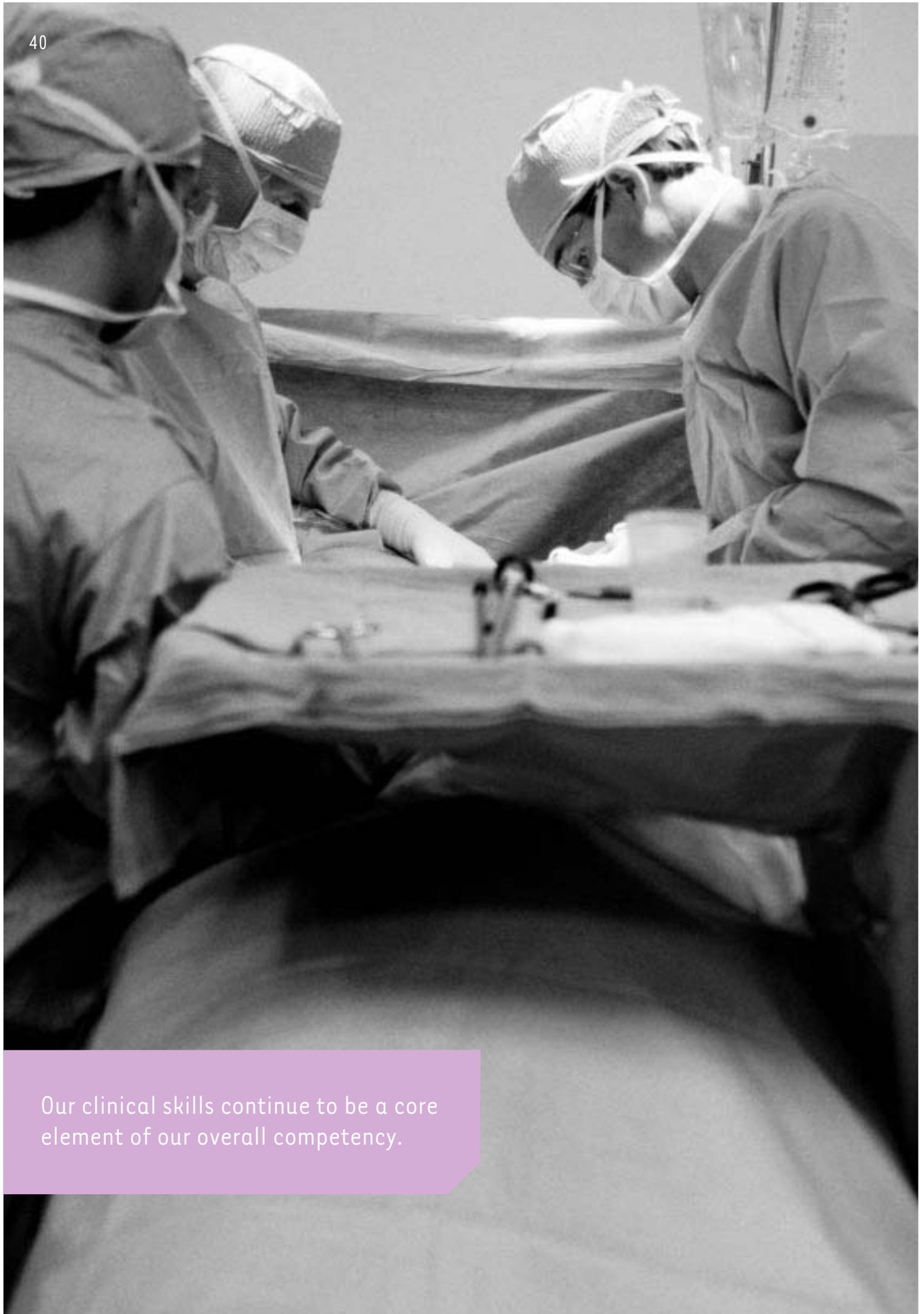
### Opinion

In our opinion the financial statements give a true and fair view of the state of the Faculty's affairs as at 31 December 2003 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Charities Act 1993.

London, UK  
April 2004

PKF  
Registered Auditors





Our clinical skills continue to be a core element of our overall competency.

## Statement of financial activities

### Year ended 31 December 2003

	Notes	Unrestricted funds		Restricted Funds £	2003 Total £	2002 Total £
		Designated Funds £	General Funds £			
<b>Incoming resources</b>						
Donations						
		-	-	76,223	76,223	1,300
		-	50	-	50	11,607
		-	4,473	-	4,473	-
Activities to further the charity's objects						
		-	273,149	-	273,149	262,564
		-	161,136	-	161,136	156,519
		-	9,140	-	9,140	14,675
		-	23,157	-	23,157	26,006
		-	53,857	-	53,857	22,256
Investment income and interest						
		-	9,298	3,842	13,140	15,860
		7,824	-	-	7,824	8,928
<b>Total incoming resources</b>		<b>7,824</b>	<b>534,260</b>	<b>80,065</b>	<b>622,149</b>	519,715
<b>Resources expended</b>						
Costs of activities in furtherance of the charity's objects						
	2	2,073	176,161	52,466	230,700	180,518
	3	-	244,263	23,925	268,188	246,234
	4	-	105,198	-	105,198	102,711
<b>Total resources expended</b>		<b>2,073</b>	<b>525,622</b>	<b>76,391</b>	<b>604,086</b>	529,463
<b>Net incoming/(outgoing) resources for the year</b>		<b>5,751</b>	<b>8,638</b>	<b>3,674</b>	<b>18,063</b>	(9,748)
<b>Other recognised gains/(losses)</b>						
	8	40,378	-	-	40,378	(71,779)
<b>Net movement in funds for the year before transfers</b>		<b>46,129</b>	<b>8,638</b>	<b>3,674</b>	<b>58,441</b>	(81,527)
<b>Transfers between funds</b>		<b>(2,000)</b>	<b>2,000</b>	-	-	-
<b>Net movements in funds for the year</b>		<b>44,129</b>	<b>10,638</b>	<b>3,674</b>	<b>58,441</b>	(81,527)
<b>Funds as at 1 January 2003</b>		<b>214,242</b>	<b>160,639</b>	<b>100,205</b>	<b>475,086</b>	556,613
<b>Funds as at 31 December 2003</b>		<b>258,371</b>	<b>171,277</b>	<b>103,879</b>	<b>533,527</b>	475,086

All income has been generated from continuing operations.

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

**Balance sheet**  
**31 December 2003**

		2003		2002	
	Note	£	£	£	£
<b>Fixed Assets</b>					
Tangible fixed assets	7		<b>15,928</b>		21,906
Investments	8		<b>255,429</b>		207,227
			<b>271,357</b>		229,133
<b>Current Assets</b>					
Stocks	9	<b>3,795</b>		5,540	
Accrued income		<b>72,755</b>		33,031	
Debtors		<b>8,611</b>		22,999	
Prepayments		<b>23,982</b>		16,935	
Cash on deposit		<b>316,466</b>		304,304	
Cash at bank and in hand		<b>35,406</b>		1,167	
		<b>461,015</b>		383,976	
<b>Creditors</b>					
Amounts falling due within one year	10	<b>(198,845)</b>		(138,023)	
<b>Net Current Assets</b>					
			<b>262,170</b>		245,953
<b>Net Assets</b>					
			<b>533,527</b>		475,086
<b>Represented by:</b>					
<b>Unrestricted funds</b>					
General funds		<b>171,277</b>		160,639	
Designated funds	12	<b>258,371</b>		214,242	
			<b>429,648</b>		374,881
<b>Restricted funds</b>					
	13		<b>103,879</b>		100,205
<b>Total Funds</b>					
	14		<b>533,527</b>		475,086

Approved by the Board on 7 April 2003 and signed on its behalf:

**Treasurer:** Dr P Litchfield FRCP FFOM

**President:** Dr W J Gunnyeon FRCP FFOM FRCGP DIH

## Notes to the Financial Statements

### Year ended 31 December 2003

#### 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 October 2000 ('SORP 2000').

(b) **Fixed assets**

Individual fixed assets costing £1,000 or more are capitalised at cost.

Depreciation is charged so as to write off the cost of an asset over its expected useful life. Depreciation is calculated on each class of asset as follows:-

Office equipment - 33.33% straight line  
Fixtures & fittings - 20% straight line

(c) **Income**

Income from subscriptions is accounted for on an accruals basis. Any income relating to future periods is included in deferred income.

Income in respect of grants, appeals and donations is recognised upon a receivable or received basis whichever is the earlier.

Income from examinations is recognised on the date the examination takes place and where received in advance is treated as deferred income.

(d) **Stock**

Stock is stated at the lower of cost and net realisable value.

(e) **Operating leases**

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

(f) **Investments**

Investments are included at market value.

Unrealised gains and losses on investments arising in the year are included in the Statement of Financial Activities account at 31 December 2003.

(g) **Pensions**

Contributions are made on behalf of certain employees into their individual personal pension plans. Amounts are charged to the Statement of Financial Activities as incurred.

(h) **Funds**

Unrestricted general funds are funds which the Board can use at their discretion in accordance with the objects of the Faculty. The Trustees have designated part of this sum as a capital fund, equal to the value of the investments which are to be used to ensure the future of the Faculty.

Restricted funds are funds which must be used for specific purposes in accordance with the donors' wishes.

(i) **Basis of allocation of costs**

Staff costs are allocated based on the amount of time individuals dedicate to carrying out specific functions of the Faculty.

Office costs are allocated 80:20 between support costs and management and administration respectively on the basis of staff time.

All other costs are allocated on a specific basis.

(j) **Expenditure**

Activities in furtherance of the Faculty's objects include costs relating to examinations, memberships and education and training.

Membership support costs comprise overheads identified as an integral part of providing services to the membership.

Management and administration includes specific overhead costs relating to the administration of the Faculty.

**Notes to the Financial Statements**  
**Year ended 31 December 2003**

**2 Activities in furtherance of the Charity's objects**

	Unrestricted £	Restricted £	Total 2003 £	Total 2002 £
Examination and training costs	39,297	168	39,465	52,990
Journal and annual report costs	79,765	-	79,765	73,871
Publication costs	4,265	36,405	40,670	5,036
Meeting costs	21,060	6,193	27,253	37,531
Lecture costs	865	-	865	755
Conferences and events	28,509	9,700	38,209	10,335
Gifts in kind	4,473	-	4,473	-
	<b>178,234</b>	<b>52,466</b>	<b>230,700</b>	180,518

**3 Membership support costs**

	Unrestricted £	Restricted £	Total 2003 £	Total 2002 £
Salaries and office costs	213,952	23,925	237,877	203,906
Subscriptions	14,854	-	14,854	19,558
Premises costs	15,457	-	15,457	22,770
	<b>244,263</b>	<b>23,925</b>	<b>268,188</b>	246,234

**4 Management and administration**

	Unrestricted £	Restricted £	Total 2003 £	Total 2002 £
Salaries and office costs	60,651	-	60,651	52,272
Audit	6,500	-	6,500	2,500
Amounts paid to auditors for other services	3,380	-	3,380	15,930
Accountancy	6,984	-	6,984	-
Other legal, professional and consultancy	7,680	-	7,680	12,713
Financial costs	1,785	-	1,785	1,782
Insurance	10,658	-	10,658	8,676
Premises costs	3,864	-	3,864	5,693
Meeting costs	3,696	-	3,696	3,145
	<b>105,198</b>	<b>-</b>	<b>105,198</b>	102,711



## 5 Staff costs

	2003 £	2002 £
Wages and salaries	192,721	156,234
Social security costs	19,552	15,211
Pension costs	10,604	7,300
	<b>222,877</b>	178,745
The average number of employees during the year was:	<b>8</b>	7

The emoluments of one member of staff, including benefits in kind, are within the range of £50,000 to £59,999 (2002: none).

## 6 Remuneration of Trustees

The Trustees did not receive remuneration during the year for their services (2002: nil)

13 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £8,828 (2002: 14 Trustees - £17,178).

## 7 Tangible fixed assets

	Fixtures and fittings £	Office equipment £	Total £
<b>Cost</b>			
At 1 January 2003	9,373	30,819	40,192
Additions	-	3,900	3,900
Transfers	4,958	(4,958)	-
At 31 December 2003	<b>14,331</b>	<b>29,761</b>	<b>44,092</b>
<b>Depreciation</b>			
At 1 January 2003	8,013	10,273	18,286
Charge for year	1,258	8,620	9,878
Transfers	1,653	(1,653)	-
At 31 December 2003	<b>10,924</b>	<b>17,240</b>	<b>28,164</b>
<b>Net book value</b>			
At 31 December 2003	<b>3,407</b>	<b>12,521</b>	<b>15,928</b>
At 31 December 2002	1,360	20,546	21,906

## Notes to the Financial Statements

### Year ended 31 December 2003

<b>8 Investments</b>	<b>2003</b>	<b>2002</b>
	<b>£</b>	<b>£</b>
<b>Quoted investments</b>		
At 1 January 2003	<b>207,227</b>	270,094
Additions	<b>7,824</b>	8,912
Unrealised gain/(loss) on revaluation of investments	<b>40,378</b>	(71,779)
	<b>255,429</b>	207,227
<b>Historical cost</b>	<b>250,000</b>	250,000

Investments consist of 86,851.2225 units in Schroders Charity Equity Fund

<b>9 Stocks</b>	<b>2003</b>	<b>2002</b>
	<b>£</b>	<b>£</b>
Stocks comprise:		
Publications for resale	<b>3,795</b>	5,540

<b>10 Creditors</b>	<b>2003</b>	<b>2002</b>
	<b>£</b>	<b>£</b>
<b>Amounts falling due within one year:</b>		
Bank overdraft	-	3,707
Trade creditors	<b>24,463</b>	14,350
Accruals	<b>49,733</b>	45,555
Deferred income – examination fees received in advance	<b>14,580</b>	8,127
– subscriptions in advance	<b>68,486</b>	66,284
– conferences and events	<b>31,665</b>	-
– other	<b>2,436</b>	-
Tax and social security due (PAYE)	<b>5,355</b>	-
VAT due	<b>2,127</b>	-
	<b>198,845</b>	138,023

<b>11 Deferred Income</b>	<b>Examination</b>				<b>Total</b>
	<b>fees</b>	<b>Subscriptions</b>	<b>Events</b>	<b>Other</b>	
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Balance at 1 January 2003	8,127	66,284	-	-	74,411
Amount released to incoming resources	(8,127)	(66,284)	-	-	(74,411)
Amount deferred in the year	14,580	68,486	31,665	2,436	117,167
Balance at 31 December 2003	14,580	68,486	31,665	2,436	117,167

**12 Designated funds**

	As at 1 January 2003 £	Incoming Resources £	Gains on investments £	Resources expended £	Transfers £	As at 31 December 2003 £
Capital fund	209,227	7,824	40,378	-	(2,000)	255,429
Examiner training	5,015	-	-	(2,073)	-	2,942
	214,242	7,824	40,378	(2,073)	(2,000)	258,371

The Capital Fund was designated in 2000 and represents amounts equivalent to the value of the investment portfolio, and related accrued income. These investments are held to ensure the future of the Faculty.

The Examiner Training Fund was designated to cover the future costs of training examiners.

**13 Restricted funds**

	As at 1 January 2003 £	Incoming Resources £	Interest allocation £	Resources expended £	As at December 2003 £
<b>Good Practice Guidelines Funds</b>					
Esso Publications Fund	13,077	-	513	-	13,590
UNUM Fund	5,977	-	234	-	6,211
BUPA Fund	3,591	-	-	3,591	-
HAVS Project Fund	-	36,405	55	32,814	3,646
<b>Lecture Funds</b>					
Donald Hunter Lecture	2,550	-	100	-	2,650
Ernestine Henry Lecture	2,383	-	93	-	2,476
Esso Research Fellowship Funds	68,589	-	2,691	-	71,280
William Taylor Memorial Fund	3,311	-	126	168	3,269
Shell Fellowship	727	-	30	-	757
Department of Health-Training grants	-	30,118	-	30,118	-
Silver Jubilee grants	-	9,700	-	9,700	-
	100,205	76,223	3,842	76,391	103,879

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

**UNUM Fund** provides resources to fund the production of the 'Return to Work' series.

**BUPA Fund** provides for further work to be carried out by the Faculty of Occupational Medicine and the British Occupational Health Research Foundation on inter-professional evidence based guidelines in occupational health and has been used to pump prime the production of guidance on Hand-Arm Vibration Syndrome (HAVS).

**HAVS Project Fund** provides funds for the production of the HAVS guidance.

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

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

**Esso Research Fellowship Fund** comprises a number of annual donations, received up to 2001, which have been pooled to fund one or more projects. The Board continues to assess applications for suitable projects to fund. The Board has approved funding for two projects both of which will commence in 2004.

**The William Taylor Memorial Fund** (formerly The Dean's Appeal) is for a specific award.

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

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

**Silver Jubilee grants** represent amounts given in the year to fund events held to mark the Silver Jubilee of the Faculty.

## Notes to the Financial Statements

### Year ended 31 December 2003

#### 14 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	-	15,928	-	15,928
Investments	255,429	-	-	255,429
Net current assets	2,942	155,349	103,879	262,170
	<b>258,371</b>	<b>171,277</b>	<b>103,879</b>	<b>533,527</b>

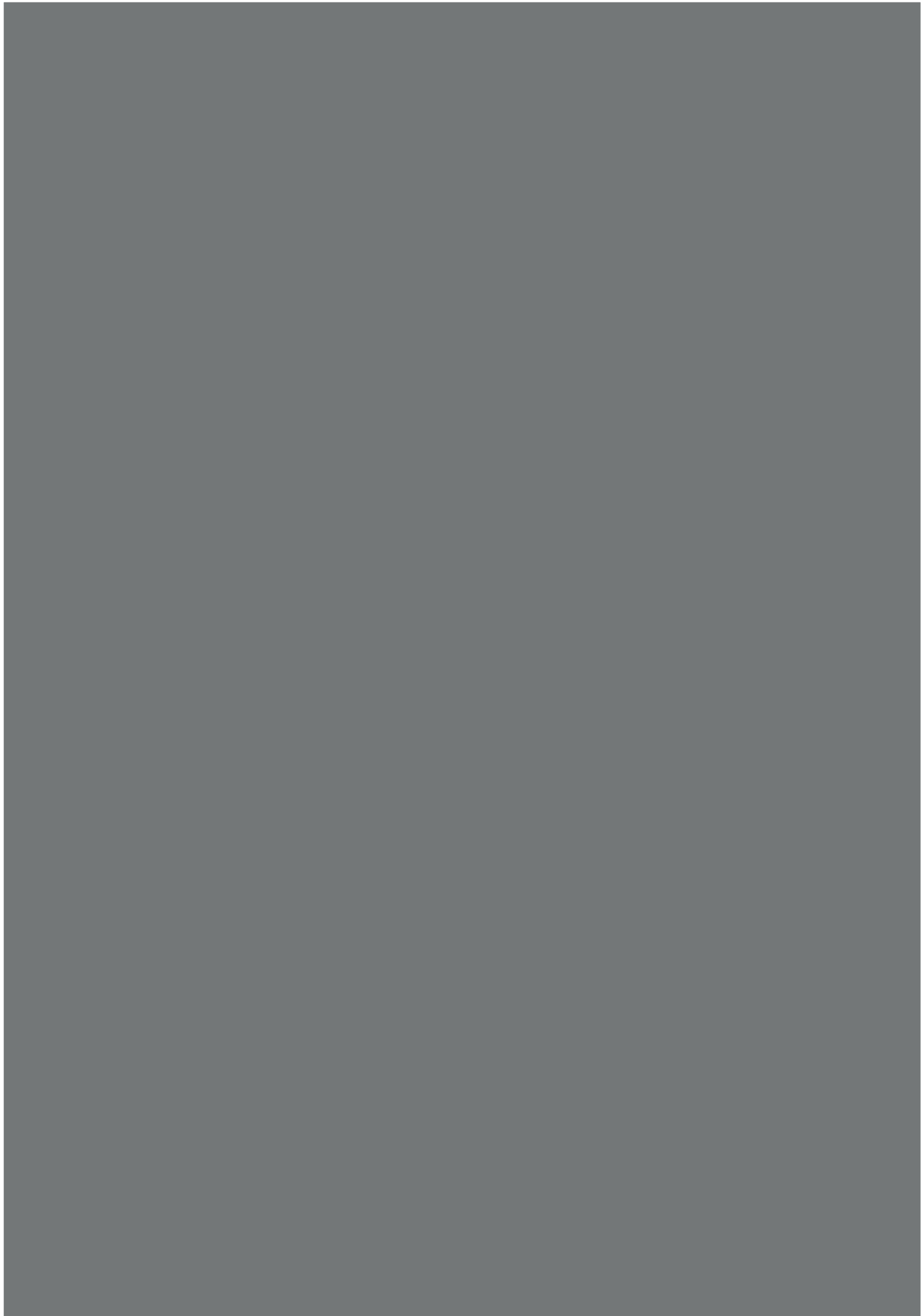
#### 15 Operating lease commitments

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

	2003 £	2002 £
Leases which:		
Expire in less than one year	-	1,259
Expire between 2 and 5 years (office equipment)	<b>1,000</b>	2,406
Expire after 5 years (land and buildings)	<b>2,108</b>	2,108
	<b>3,108</b>	<b>5,773</b>

#### 16 Connected charity

The Faculty of Occupational Medicine is an independent registered charity responsible for its own administration and financial management. As a Faculty of the Royal College of Physicians, it enjoys close working and professional ties with the College which generously provides the Faculty with premises, part of which are rent free.







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1978-2003

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6 St Andrew's Place, Regent's Park, London NW1 4LB  
Telephone: 020 7317 5890 Fax: 020 7317 5899  
[www.facocmed.ac.uk](http://www.facocmed.ac.uk)

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