



Faculty of
Occupational
Medicine

**Trustees'
annual report
and accounts
2006**

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 charitable objects 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

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Introduction

Since its primary interests are the promotion and protection of workers' health, and maintaining high standards of education in occupational medicine, the Faculty of Occupational Medicine has found itself at the eye of a storm of activity and change in 2006.

The national health and work agenda, and its hinterland of associated initiatives, has precipitated many developments to which the Faculty has contributed. We were pleased to welcome, and to seek early meetings with, the new National Director for Health and Work, Professor Dame Carol Black. The Faculty's engagement with the Department for Work and Pensions (DWP) Advisory Group, with DWP projects to improve occupational health awareness in other specialties, in general practice and with medical undergraduates, is described in some detail elsewhere in this report. And we have worked with a range of other bodies to promote health and work messages to employers and other professionals.

The radical change in specialist training, set out under Education and Training, has entailed a huge amount of work for Officers and Staff, and for many members who have assisted. A considerable amount of work has been undertaken to influence the course of the new national system, with a view to ensuring that the particular needs of occupational medicine are properly recognised. An example of this has been our securing an agreement that occupational medicine trainees in industry could be recruited directly, rather than through the new national system (Medical Training Appointment Service – MTAS). It is

crucial that we retain and support industry training posts – which account for two thirds of our training – and this was an important step towards that.

We responded to the Chief Medical Officer for England's report, *Good Doctors, Safer Patients*, which heralded important changes to medical practice and we can anticipate that we shall be party to the implementation of these changes, next year and beyond.

In response to concerns about inappropriate complaints being made about occupational physicians to the General Medical Council (GMC), we instigated discussions with the GMC. This resulted in useful changes being made to their complaints procedures.

We have produced three excellent publications, and a highlight of the year was the announcement in November that the BUPA Health at Work Award was to be given to the Faculty for its *Guidance on Alcohol and Drug Misuse in the Workplace*.

As we successfully complete some projects, so we embark on a new series, and 2007 will see new work on the health of migrant workers and on the management of back pain. At the end of 2006 we heard that our bid, made jointly with the Royal College of Physicians, to run the Occupational Health Clinical Effectiveness Unit, had been successful and we look forward to producing important new evidence-based guidelines in occupational health.

In October the Board decided to seek a closer working relationship with its sister organisation, the Society of Occupational



Dr David Snashall
President



Nicky Wilkins
Chief Executive

Medicine, and now a joint Faculty/Society working group to consider this is to be established in early 2007.

We must as always thank colleagues on the Board, in the Executive Committee, and in the myriad of other committees and working groups, who beaver away all year to initiate, progress and bring to fruition many essential projects and workstreams. The Faculty depends completely on their invaluable knowledge, expertise and hard work, and our thanks go to them. It is not possible to acknowledge everyone individually, but a list of all those who have served on Faculty committees or as Regional Specialty Advisers during 2006, together with those who represent the Faculty on outside bodies and an account of their activities, appears at Annex 2 of the expanded web-based version of this report (although this annex does not itself form part of the Trustees' report).

Similarly, thanks are due to our small staff who are responsible for the impressive and efficient output from our modestly sized Faculty throughout the year, and the President's thanks go particularly to Personal Assistant Jean Whaley and to Anna McNeil, who covered the PA role while Jean undertook other duties.



Blair Crichton, Steve Deacon and Maggie Samuel, representing the Faculty's Working Group, receive the Health at Work Award from Dr Andrew Vallance-Owen (second from right), BUPA Foundation Deputy Chairman, for the Faculty's *Guidance on Alcohol and Drug Misuse in the Workplace*. Photograph courtesy of Mr Terry Beazley

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Board, Officers, other key appointments and advisers

The Board and Charity Trustees

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. Except where indicated, the following all served in office throughout 2006:

Dr David Snashall	President
Professor Raymond Agius	Universally elected member
Dr Ian Aston	Elected representative of Regional Specialty Advisers
Dr Lisa Birrell	Universally elected member
Professor Dame Carol Black	RCP President (to 25 July 2006)
Professor Sherwood Burge	RCP Representative
Professor David Coggon	Universally elected member (from 11 May 2006)
Dr Sally Coomber	Universally elected member (to 11 May 2006)
Dr Neil Davies	Universally elected member (to 11 May 2006)
Dr Geoff Denman	Elected representative of Wales
Professor Ian Gilmore	RCP President (from 25 July 2006)
Dr Peter Graham	Lay representative (nominated by CBI)
Dr Geoff Helliwell	Universally elected member (to 11 May 2006)
Dr Ray Johnston	Universally elected member
Dr Alastair Leckie	Elected representative of Scotland
Dr Jayne Moore	Elected representative of Specialist Registrars
Mr Hugh Robertson	Lay representative (nominated by TUC)
Dr Delia Skan	Co-opted representative of Northern Ireland
Dr Andy Slovak	Universally elected member (from 11 May 2006)

Officers

Except where indicated, the following held office throughout 2006:

Dr Olivia Carlton	Registrar (Deputy President)
Professor John Harrison	Academic Dean (Deputy President)
Dr Paul Litchfield/Dr Simon Sheard	Treasurer (to/from 11 May 2006)
Dr Martyn Davidson	Director of Training
Dr Dennis Ferriday/Dr Dil Sen	Director of Assessment (to/from October 2006)
Dr Jacques Tamin	Director of CPD
Professor Kevin Holland-Elliott	Director of Communications
Ms Nicky Wilkins	Chief Executive

Other key appointments

Dr Simon Sheard	Deputy Treasurer (to 11 May 2006)
Dr Charlie Wilcock	Deputy Director of Training
Dr David Brown	Deputy Director of Assessment (from 4 October 2006)
Dr Dil Sen/Dr Jacques Tamin	Chief Examiner AFOM (to/from 4 October 2006)
Dr Steve Boorman	Chief Examiner DOccMed
Dr Moira Henderson	Chief Examiner DDAM
Air Cdre Tony Batchelor	Chief Examiner DAvMed
Dr Adele Pilkington	Chief Examiner, Internal Assessment
Dr Keith Pilling	Chief Examiner, Accredited Courses and Qualifications
Dr John Cartwright	Chief Examiner, Quality Management
Dr Rob Thornton	Conference Secretary
Dr Dipti Patel	Public Relations
Dr Chris Sharp	Sponsorship Co-ordinator

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The Faculty of Occupational Medicine is a registered charity (No 1035415) based at:

6 St Andrews Place
Regent's Park
LONDON
NW1 4LB
www:facocmed.ac.uk

Principal Advisors

Bankers:	Lloyds TSB 190 Great Portland Street London NW1 4LB	Bank of Scotland International Limited 231-233 New Street St Helier Jersey Channel Islands JE4 8YW
Solicitors:	Speechly Bircham 6 St Andrew's Street London EC4A 3LX	Auditors: Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD
Accountants:	haysmacintyre Fairfax House 15 Fulwood Place London WC1V 6AY	

The Faculty Board presents its annual report for the year ended 31 December 2006 under the Charities Act 1993, together with the audited accounts for the year, and confirms that these comply with current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005.

Reference and administrative information

The Faculty of Occupational Medicine was set up under Standing Orders adopted on 1 March 1978 and registered with the Charity Commission under charity number 1035415. The Board of Trustees, executive officers and principal address of the Charity are as listed on pages 5-6. Particulars of the Faculty's professional advisers are given on page 6.

Structure, governance and management

Governing Document

The Faculty is governed by its Standing Orders dating from 1978 and last amended in May 2005.

Constitution

The Faculty's constitution is set out in its Standing Orders.

Recruitment and Training of Board members

Under the current Standing Orders, with the exception of the President of the Royal College of Physicians (or his nominee) and one other College representative, members of the Board are elected by various sections of the membership in accordance with the Standing Orders and serve on the Board until the third Annual General Meeting following the one at which their election is announced. Elected members may not serve for more than two consecutive elected terms and are ineligible for re-election until a period of one year has elapsed. The current representative of Northern Ireland joined the Board at the time when this was a co-opted position; when this Board position falls vacant in 2007 it will become an elected position.

New trustees are inducted into the workings of the Faculty through the issuing of a trustee handbook (currently under revision), which includes relevant Charity Commission material, the Faculty's governance, structure, management, strategy and key policies. Trustees are updated through Charity Commission newsletters and through periodic refresher sessions on such topics as the role of trustees. A session at the annual Board Away-Day is usually devoted to trustee training.

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Organisational management

The Faculty Board, as the charity trustees of the Faculty, is legally responsible for the overall management and control of the Faculty and meets quarterly.

The work of implementing most of its policies is carried out by the Officers of the Faculty, who form the Executive Committee and have delegated authority to deal with the business of the Faculty between meetings of the Board, and report such actions to the Board. With the exception of the President, who is elected and a trustee, the Faculty Officers are appointed in accordance with Standing Orders. After an initial three years of service, the period of office for each Officer may be extended annually (for an unlimited number of extensions) if the Board so decides. The Executive Committee usually meets eight times a year, in the months that the Board does not meet, and is chaired by the Registrar.

The other principal committees are the Fellowship Committee, the Ethics Committee and the Clinical Excellence Awards Committee. The Board may establish other committees or working groups as may seem desirable. Committees may set up Sub-Committees, which in turn may set up Working Groups (for short-term tasks) and Advisory Groups (for longer-term tasks). Each of these defined groups reports regularly to its 'parent' group against the Faculty's annual activity plan and the annual risk assessment carried out by the Board, in accordance with SORP.

Proposals for Sub-Committees and Working Groups have to be made in writing by the parent Committee/Sub-Committee to the Executive Committee and funding is only provided for groups established in this way. Wherever possible, proposals are required sufficiently far in advance to allow for inclusion in the annual budget cycle. The Executive Committee formally reviews the output of all Sub-Committees and Working Groups at least annually and determines whether their continuance is justified.

There are currently six Sub-Committees reporting to the Executive Committee.

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

Risk Management

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

The key controls used by the charity include:

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

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

Objectives and activities

Charitable objects

The Faculty's objects, as set out in its Standing Orders, are to:

- promote for the public benefit the advancement of education and knowledge in the field of occupational medicine;
- act as an authoritative body for the purpose of consultation in matters of educational or public interest concerning occupational medicine;
- develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity.

Objectives for the year

For the purposes of this report, the objectives for 2006, together with impact reports and objectives for 2007 are set out under the following five headings: external work; policy, publications and events; education and training; professional development; and membership.



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External work

Contributing to the Government's Health and Work Agenda

Health and work issues have enjoyed a high profile in Government in 2006. Both the Department of Health (DH) and the Department for Work and Pensions (DWP) produced important consultation documents (referred to in 'Policy, publications and events').

Following the launch of the Government's *Health, Work and Well-Being* strategy in 2005, *A new deal for welfare: empowering people to work*, published by DWP in January 2006, set out the case for reforming the welfare system and encouraging more people to enter into, and to remain in, work. This was followed by the publication, in September, of *Is work good for your health and wellbeing?* This detailed evidence review by Gordon Waddell and Kim Burton concluded that 'There is a strong evidence base showing that work is generally good for physical and mental health and wellbeing'.

Enabling more people to achieve and retain the benefits of work, by ensuring proper assessments of employees and potential employees, and adaptations of workplaces, and by avoiding or minimising unnecessary and potentially damaging absence from work, is a core part of occupational medicine, and much of the Faculty's externally focused work, set out below, has been promoting and supporting the Government's initiatives on this front.

The President of the Faculty is a member of the Government's Health and Work Advisory Group.

Developing occupational health awareness in general practice and secondary care

Occupational medicine is a relatively small specialty in the UK. There are fewer than 1000 working specialists – 582 fully qualified and registered and a further 332 partly qualified. Given a UK working population of over 30 million, it is unrealistic for all working adults to have access to an occupational physician. Recognising this, the Faculty has devoted energy not only to encouraging new recruits into the specialty, but also to promoting occupational health awareness among employers, general practitioners and specialists, with a view to creating a wider base of knowledge and expertise.

Hence, the Faculty began the year with the publication and launch of *Creating a healthy workplace*, aimed at enabling employers to be aware of, and to address, occupational health issues. It also published a position paper on services for small businesses.

For general practitioners (GPs), the Faculty continued to promote and disseminate the *Health and Work Handbook*. It also continued to offer and to promote the Diploma in Occupational Medicine to GPs. In addition to this, the Faculty has been in discussions with the Department for Work and Pensions (DWP) and the Royal College of General Practitioners on raising awareness of occupational health among GPs.

The Faculty has also worked with DWP on a potential project to develop occupational health awareness in other specialties during postgraduate training and on a project to promote awareness of occupational health in all medical undergraduates.

Work with other bodies

The Faculty has worked with a range of other organisations including the Society of Occupational Medicine, the Royal College of Psychiatrists, the British Medical Association, the Health and Safety Executive and the Faculty of Public Health. In autumn 2006, the Faculty approached the Society of Occupational Medicine with a proposal to integrate the two organisations and to establish a working party to that end. The Society Council responded to say that it did not support the principle of a single merged organisation at that time, but did agree that a working group should be set up to explore ways of achieving a closer working relationship.

The Faculty has representatives on many other bodies, including the Academy of Medical Royal Colleges, the European Union of Medical Specialists Section of Occupational Medicine and the National Patient Safety Agency. It is also a member of POOSH, 'Professional Organisations in Occupational Safety and Health'. Towards the end of the year discussions were held about the Faculty taking over the administration of POOSH, jointly with the Society of Occupational Medicine, and it is anticipated that this will occur early in 2007. A full list of representatives can be found at Annex 2 of the expanded web-based version of this report, together with their reports and those from the constituency-elected trustees (although this annex does not itself form part of the Trustees' report).

Objectives for 2006:

- Contribute to the Government Health and Work Agenda
- Help to develop occupational health awareness in general practice and secondary care
- Promote occupational health competencies in medical undergraduates
- Increase website traffic

Impact:

- Progress was made on all these fronts with work still ongoing on many
- The Faculty has appointed a representative to the national awareness programme for GPs and further work in this area is planned
- The competencies for undergraduates are on the Faculty website and champions to promote them in medical schools are actively being sought
- Website traffic increased nearly threefold to an average of 945 visitors per day

Objectives for 2007:

- Continue to work with Government on health and work groups and projects
- Progress work on occupational health awareness for GPs and other specialties
- Promote a new bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing education and good practice work with colleagues overseas
- Seek to publish articles to promote occupational health awareness
- Establish a joint working group with the Society of Occupational Medicine to explore ways of achieving a closer working relationship

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Policy, publications and events

Position papers

The Faculty continued its plan to develop a suite of position papers on health and work subjects, building on its previous papers on work and the ageing population and on smoking in the workplace. In 2006, the Faculty produced: *The interaction of health inequalities and work status and the potential for work and occupational health services to help reduce inequalities* and *The provision of occupational health services to small and medium size businesses*.

The former included consideration of work status as a health determinant, the impact of unemployment on health and the impact of working conditions on health inequalities, and the latter considered a range of models of occupational health services in small and medium size businesses and called for an increase in provision.

Publications

2006 opened with the launch, at Rolls-Royce in Derby, of *Creating a healthy workplace*, written in conjunction with the Faculty of Public Health. Aimed at employers, this covered rehabilitation, mental well-being and healthy eating, amongst other core health and work topics.

In May 2006, the Faculty published the sixth edition of *Guidance on Ethics for Occupational Physicians*. This publication is widely recognised as providing the ethical foundation for occupational medicine, and this edition includes new sections on confidentiality and consent, clinical records, health screening and genetic testing.

July 2006 saw the publication of *Guidance on Alcohol and Drug Misuse in the Workplace*. This guidance, which covers policies, testing, treatment and rehabilitation, won the prestigious BUPA Health at Work Award for 2006, bringing with it £10,000 for the Faculty's future research and guidance work.

Conferences

The Faculty's Annual Scientific Meeting in May was addressed by Rt Hon Rosie Winterton MP, Minister of State for Health Services, and the programme included sessions on fitness and sickness absence in an offshore workforce, novel chemical causes of occupational asthma, and diabetes and road traffic accidents.

The July conference on alcohol and drug misuse covered the epidemiology of alcohol use, ethical considerations for testing in the workplace and the implementation of alcohol and drug policies in the armed forces.

In November, the Faculty ran a conference entitled, *Employers' liability and occupational health – is there a better way?* This conference was aimed at both occupational health professionals and the insurance industry. Topics included the fundamental principles of insurance practice as applied to occupational disease and injury, the legal perspective on risk management and the assessment of incapacity for work.

Consultations

The Faculty responded to the Health and Safety Commission consultation documents, *Improving worker involvement – improving health and safety* and *Proposals for a workplace*

exposure limit for respirable crystalline silica, to the Department for Work and Pensions document, *A new deal for welfare; empowering working people*, to the Postgraduate Medical Education and Training Board paper on training standards, to the Department of Health document, *Good doctors, safer patients* and to the General Medical Council consultation on supplementary guidance to *Good Medical Practice*. Most of these submissions were made in conjunction with the Society of Occupational Medicine.

Objectives for 2006:

- Produce position papers on Inequalities and Small and Medium Size Enterprises
- Publish the sixth edition of *Guidance on Ethics for Occupational Physicians*, new guidance on alcohol and drug misuse and the fourth edition of *Fitness for Work*
- Run conferences on alcohol and drug misuse and employers' liability as well as the Annual Scientific Meeting

Impact:

- All were achieved, with the exception of the publication of *Fitness for Work*, which was delayed until February 2007.
- 50,000 *Creating a healthy workplace* leaflets were distributed. 1,150 copies of the ethics guidance and 528 copies of the alcohol and drug guidance were sold or otherwise disseminated. The latter won the BUPA Health at Work Award.
- The conferences between them attracted 350 delegates

Objectives for 2007:

- Publish the fourth edition of *Fitness for Work*
- Run launch conferences for *Fitness for Work* in London and Edinburgh
- Run an Annual Scientific Meeting
- Establish, in conjunction with the Royal College of Physicians, an occupational health clinical effectiveness unit
- Produce updated guidance on the management of back pain
- Publish *Good Occupational Medicine Practice*
- Consider the need for a publication on quality and audit
- Produce a new careers leaflet
- Respond to consultation documents, and contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)



Rt Hon Rosie Winterton, MP, Minister of State for Health Services, with the Faculty President, David Snashall, at the Annual Scientific Meeting on 11 May 2006.

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Education and training

New curriculum

The overriding priority for education and training for 2006 has been the review of our curriculum and its successful submission to PMETB (the Postgraduate Medical Education and Training Board). Previous annual reports have described this on-going process and the importance of PMETB, as the statutory body for all medical postgraduate training in the United Kingdom. The review of training and assessment of occupational physicians is essential to ensure that the Faculty's activities are relevant to current practice and to meet our charitable aim to develop and maintain the practice of occupational medicine for the benefit of the public. Our new curriculum will embrace the principles set out by PMETB and, as such, will describe not only the core competencies for specialist occupational physicians, but also the rationale for the curriculum, how it has been developed, its links to *Good Medical Practice*, how we will assess competencies, how we will give feedback to trainees and how the curriculum will be implemented and managed.

An objective for 2006 was to consult with stakeholders about the curriculum. We circulated the document *Occupational physicians for the twenty-first century: a proposed revision of specialist training in occupational medicine* to members and others, setting out our proposals and the rationale behind them. We received over thirty replies, many of which were detailed. These replies confirmed that we were on the right track and helped us to refine our thinking.

New Assessment Framework

Alongside the work on the development of the new curriculum has been running a parallel workstream on how trainees should be assessed during their specialist training. The new means of assessing specialist trainees will include two Faculty examinations, the introduction of workplace-based assessments and the preservation of the dissertation, albeit with some changes in the nature of alternative, eligible research. The framework is based on the premise that a range of assessment tools is necessary to sample competencies in different ways and at different times during specialist training. An assessment "blueprint" shows which assessment tools are appropriate for the respective competencies. The aim is to revisit competencies at different times during training, linked to the implementation of the spiral curriculum. At the end of training there will be a portfolio of evidence supporting the award of the certificate of completion of training (CCT), which gives eligibility for inclusion onto the specialist register. This, in turn, will provide a basis for future assessment, as may be required for revalidation purposes.

Occupational medicine training posts are many and varied, providing a wider range of learning and training environments than are encountered within the NHS. This is now recognised by PMETB. The challenge for our specialty is to build on the strengths of this heterogeneity whilst ensuring that, irrespective of the location of training, all trainees achieving the award of a CCT have demonstrated the range of core competencies that we expect of a specialist occupational physician. The addition of workplace-based assessments will assist the assessment process by facilitating on-the-job assessments of competencies and providing an insight into trainee performance. These types of assessment are new to medicine in general, as well as to occupational medicine. New Faculty posts have been created to assist the implementation of workplace-based assessments

and the delivery of the curriculum. The Chief Examiner (Workplace-based Assessments) will lead a group which will adapt these assessment tools for our specialty and provide advice about their use. New educational supervisor roles will be developed with a specific remit to support trainees and to monitor the delivery of training against educational objectives. Deaneries will be responsible for managing training at a local level. Occupational medicine specialty training committees will work with trainers, educational supervisors and Regional Specialty Advisers in the delivery of training and the quality assurance of training and assessment. The Faculty Specialist Advisory Sub-Committee will continue to input into quality assurance at a higher level, via the specialty training handbook (the updating of which will be a major task for 2007) and providing advice and support to Regional Specialty Advisers. The Faculty is also improving the quality assurance of assessments, led by the Chief Examiner (Quality Assurance). The role of proposed new postgraduate schools in the management of training remains unclear. They are proposed organisational structures at deanery level that will, perhaps, coordinate and manage the role and performance of specialist training committees.

Implementation

With the approval of the new curriculum and assessment framework by PMETB, in 2007, the Faculty will be able to present a clear vision of training for the next decade. Submission to PMETB will take place in January 2007 and March 2007 for the curriculum and assessment training framework, respectively. The Faculty will play a key role in leading a change management process and ensuring that the required structures and processes are in place in time for the start of the new curriculum in August 2007.

Managing the transition to the new training curriculum will present challenges to the Faculty, running two sets of training arrangements with a dwindling number of trainees under the old arrangements. The degree of difficulty in achieving this is not underestimated and this is seen as the highest risk on the Faculty risk register.

Specialist training programme

As well as the significant changes to the curriculum and assessment, as set out above, PMETB has required a new approach to the running of the specialist training programme. This has included an alteration to the process for the approval of training posts, the responsibility for which now lies with PMETB, and not the Colleges and Faculties. The Faculty's Regional Specialty Advisers remain central to the process of processing post applications, however, with deanery support. Since the new system went live in August 2006, 33 posts have been processed and the process is working smoothly. It continues to be the case that there are occupational medicine posts not only in the NHS but also in the private sector and in the defence forces.

Work has continued on the new training database as planned, with the aim of collecting, and being able to analyse in greater detail, statistics about the training programme. At the end of 2006, there were 154 trainees in occupational medicine, compared with 150 in 2005.

Recruitment into training underwent a major change at the end of 2006. Modernising Medical Careers established a new national system, the Medical Training Appointment Service (MTAS), which was set up to recruit all trainees through one central process. The

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Faculty was concerned that this might result in fewer training posts in the private sector, which, together with the defence services, constitute two thirds of Faculty posts, and so arranged for occupational medicine posts outwith the NHS to be recruited directly, rather than through the MTAS system.

Article 14

Under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003, doctors who have not completed a UK specialist training programme can ask to be considered for entry onto the specialist register, on grounds of other qualifications, training and experience. In 2005, the Faculty wrote its specialty specific guidance for such doctors wishing to register as a specialist in occupational medicine. This was further refined in 2006 in time for the Faculty's first Article 14 application.

Hand Arm Vibration Syndrome Qualification

In late 2004, the Faculty launched a new qualification in the assessment of Hand Arm Vibration Syndrome (HAVS). This was different from previous Faculty qualifications in that it was based on a short, two to three day, course, it was open to nurses as well as doctors, and the responsibility for assessing candidates lay with the course centre. This model was regarded as a pilot, which might herald the introduction of other short courses run on the same lines. A number of teething problems were identified during the first year of operation and during 2006, the Faculty worked with course centres to improve the model. A key change has been the establishment of a quality-assured, nationally-overseen examination, which will be taken and marked within the course centre. This new system will be made operational during 2007.

The Faculty is indebted to the many Faculty members, listed in Annex 2, who have assisted with this work, and also to the Education and Training staff: Louise Heyes, Jean Whaley (who covered for Louise's maternity leave), Jane Davies and Charlotte Pedersen (who left during the year) and the three newcomers David Greening, Eleanor Lawton and Gillean Sinckler.

Objectives for 2006

- Produce new curriculum and assessment framework for specialist training, ready for August 2007
- Ensure that trainees and others involved in training are informed and consulted
- Finalise transition arrangements
- Refine competencies
- Develop a post approval process that is efficient, quality-assured and acceptable to PMETB
- Develop written administrative processes for all examinations
- Develop a system for assessing Article 14 applications
- Review and improve examiner quality assurance
- Improve the short course model on which the HAVS qualification is based
- Ensure that workplace-based assessments, which will impact on RITAs (records of inservice training and assessment), are successfully developed and introduced
- Update specialty training handbook
- Explore potential for extending training to non-medical disciplines
- Develop modular training
- Consider the potential for refresher and mid-career training/mentoring
- Consider the potential for working more closely with occupational health nursing

- Consider the potential for international and on-line sales

Impact

- The first nine aims have all been accomplished
 - Good progress has been made on workplace-based assessments, in readiness for implementation in 2007
 - The handbook update has awaited the publication of the 'Gold Guide' from Modernising Medical Careers
- The final four aims have not yet been progressed

Objectives for 2007

- Present a clear vision of the changes required to implement the new curriculum
- Set out the structural and procedural changes required for implementation of the curriculum
- Project-manage the changes to ensure effective and efficient use of available resources within the required timescale
- Appoint and train educational supervisors
- Develop workplace-based assessments, appoint Chief Examiner and train assessors
- Develop new Faculty specialist examinations and prepare for their administration
- Revise the arrangements for the dissertation
- Revise and distribute the specialty training handbook and prepare trainers for the new training arrangements
- Inform, prepare and support Regional Specialty Advisers
- Develop and maintain excellent communication links with deanery specialist training committees
- Maintain excellent communication links with PMETB, MMC and the Academy of Medical Royal Colleges specialist training sub-committee
- Launch the new model of HAVS assessment and attendant changes
- Develop and maintain excellent working arrangements with the Society of Occupational Medicine to assist the delivery of training and assessment

Professional development

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

- In 2005, there were 416 CPD returns. There were 368 returns in 2004. This represents an increase of 13% in participation by specialists.
- However, this still means that we have only 71% participation, whereas our aim is for 100%.

GMC and Revalidation

- The Faculty, like all other Colleges and Faculties, is taking an increasingly strong line about the need for all members to undertake Continuing Professional Development, and to submit annual returns. The new White Paper, *Trust, assurance and safety – the regulation of healthcare professionals in the 21st century* makes it clear that CPD compliance will be a central and necessary part of revalidation in the future.
- In the early days of the CPD scheme, it was considered a "voluntary" scheme, but this can no longer be the case. The public will expect us to be able to demonstrate continuing standards through at least a "mandatory" CPD scheme.
- The Faculty has a central role in the setting and maintenance of standards for occupational physicians. Full participation in its CPD scheme is essential for it to demonstrate that it is fulfilling this role.

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Professional Development Plan (PDP) input into future courses

The Faculty is represented on the Society of Occupational Medicine's Educational Panel. Anonymised information regarding PDP requirements from CPD returns (on the Faculty's Form CPD 6) and the Society's Quality Assured Appraisal Scheme are brought to this panel. It will help the Faculty, Society, and the Royal Society of Medicine's Occupational Medicine Section (also represented on the Panel) to plan CPD events that members will have indicated are relevant to their PDP.

Objectives for 2006:

- Increase participation in CPD

Impact:

- CPD participation increased by 13%.

Objectives for 2007:

- Increase participation in CPD by a further 15%
- Encourage members to recognise that CPD participation is becoming a mandatory, not a voluntary, activity
- Use information from CPD 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine and Royal Society of Medicine Occupational Medicine Section

Membership

Occupational health is experiencing a high profile and occupational physicians are much in demand. We are a relatively small specialty in the UK, with fewer than 1000 working specialists (582 fully qualified and 332 partly qualified), and so the Faculty sees it as part of its remit to grow the specialty, as well as to spread knowledge and awareness more widely about occupational health. The latter project is explained further under 'External work'. With regard to growing the specialty, the Faculty now exhibits regularly at careers fairs and is also working with the Department for Work and Pensions (DWP) to encourage the teaching of occupational health in medical schools. In 2006, we exhibited at the BMJ Careers Fair in December and members also used the Faculty exhibition stand at the Gloucestershire Hospital NHS Foundation Trust Careers Fair for junior doctors, medical students and sixth formers.

The number of trainees entering occupational medicine is growing. In 2006 there were 154 trainees, which is the highest number so far in a steady trend of growth; this compares with 150 in 2005, and 129 back in 2000. This is encouraging, because there had been a slight but steady decline in the number of full Members since 2000, although 2006 halted this trend, with a small upturn in Members (that is members who have gained the Membership qualification, MFOM) to 392. Our total membership dipped for the first time since 2000 to 1,597. This is accounted for almost entirely by a reduction, not in specialists, but in the affiliating Diplomates, most of whom are general practitioners who take the Diploma in Occupational Medicine qualification. This would seem to indicate that the Faculty is not offering sufficient support and services to its Diplomates and reviewing this must be part of our task for 2007.

We reviewed our new processes for the appointment of Fellows, and again refined these in 2006, with a view to making the system as transparent and robust as possible. The process is undoubtedly strengthened by the presence of two lay members on the Fellowship Committee.

2006 was the first year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf

Howe, who died in 2003. The first Wilf Howe Memorial Prize, for innovative practice, was awarded to Dr Jayne Moore for work on identifying and addressing occupation-related skin problems in a chemical industrial site. Our thanks are due to Mrs Lyn Howe for her committed work in raising funds for this.

2006 also saw the long-term establishment of another prize. The Mobbs Travelling Fellowship had been funded for a period of three years, in the Silver Jubilee Year of 2003, through the generosity of Corporate Health and Sir Nigel Mobbs. Following the death of Sir Nigel in October 2005, Corporate Health offered the award in perpetuity, in his memory. This was gratefully accepted by the Faculty and the 2006 prize was awarded to Dr Karen Pratt to enable her to present an evidence-based guideline on Chronic Fatigue Syndrome to the International Congress on Occupational Health in Milan.

Lists of those elected to Fellowship and those awarded qualifications during 2006, together with all the prizewinners, can be found at Annexes 3-8 of the expanded web-based version of this report (although these annexes do not themselves form part of the Trustees' report).

Objectives for 2006:

- Improve member recruitment and retention
- Improve services to members

Impact:

- Recruitment of new trainees increased but there was a loss of affiliating Diplomates
- There was a focus on improved communications with members, with seven electronic updates being despatched, compared with two in 2005

Objectives for 2007:

- Produce a new careers leaflet, to encourage recruitment into the specialty
- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating Diplomates



Jayne Moore receiving the first Wilf Howe Memorial Prize from Lyn Howe, who established the prize in memory of her late husband.

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Finance review

The format of this year's report and accounts is substantially different from that of previous years in compliance with the Statement of Recommended Practice 'Accounting and Reporting by Charities' (SORP 2005). One of the purposes of the revised SORP is to ensure greater transparency and accountability. The Faculty has also moved towards impact reporting, which is a new way of reporting for the voluntary sector.

Alongside these regulatory modifications, the changes in postgraduate medical education continue at an extraordinary pace. As a result Faculty workloads continue to increase with 2006 seeing the first Article 14 application, more work for Postgraduate Medical Education and Training Board (PMETB) submissions and significant input for Medical Training Appointment Service (MTAS) activities. At the same time the Government strategy to improve the health of the working age population continues to require significant amounts of our time. All these activities, of course, cost monies.

The full audited accounts for 2006 are set out at Annex 1 (of the full web-based version of the report). The Trustees are pleased to report an overall healthy position for the financial year ended 31 December 2006. The Faculty's income has increased by £92,000 to £702,000, whilst total net assets have increased by £161,000 to £783,000. The Faculty's charitable expenditure for 2006 was £522,000, which equates to 74% of income.

The Trustees had agreed a balanced budget for the Faculty for 2006 with a planned surplus of £44,000 (on general funds, that is, excluding restricted and designated funds and capital growth; this best reflects the day to day running of the Faculty), which is very small in the context of a £660,000 plus budget (for general funds). In the event, careful management of resources has led to an overall surplus of £161,000 (or £72,000 on general funds). The surplus on general funds has largely been achieved as a result of an increase in subscriptions, two well attended conferences and excellent sales of the Faculty Ethics document, allied with close control of expenditure. As would be expected this has included a close scrutiny of claims to ensure Faculty rules for travel and subsistence are followed, and a targeted approach to those whose subscription payments are late. In addition we have challenged, with mixed success, the various bodies whose subscriptions or fees we must meet, to demonstrate the need for any increase.

Reserves policy

The policy of the Trustees is to accumulate a free reserve equivalent to six months expenditure. The reserve will allow unexpected circumstances to be faced without the risk of financial ruin.

At 31 December 2006, the Faculty's total reserves stood at £783,000, compared with £622,000 in 2005, the difference being due to both an increase in income, and strong capital growth on investments. Of the total reserves, £402,000 is in a designated fund set aside to fund new premises arrangements, when the present lease runs out in 2010 and £131,000 is in restricted funds. The remainder, that is the Faculty's free reserves, therefore stood at £250,000 (compared with £178,000 in 2005). The Faculty has budgeted for expenditure (in general funds) in 2007 of £675,000, which means that its free reserves currently constitute 4.5 months

running costs. The Faculty still therefore needs to continue to build on its free reserves to achieve the six months expenditure as set out in the reserves policy.

For 2007 the Board has again agreed a small surplus of £11,000 on general funds to continue to accumulate this free reserve. The Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans.

Investment policy

In 2000 the Trustees designated the amounts equivalent to the value of the investment portfolio and the related accrued income, as a capital fund. This capital reserve is invested for capital growth on a medium risk basis with the intention of allowing appropriate provision to be made for the cost of accommodation, once the current arrangements generously provided by the Royal College of Physicians terminate in 2010. At 31 December 2006, the capital fund was valued at £402,000 against an original investment of £250,000. The Treasurer has been asked to review the adequacy of this fund and, as part of the Faculty's stated objective to promote closer working with the Society of Occupational Medicine whose lease terminates at the same time as the Faculty's, the Treasurer hopes to consider this with the Society's Honorary Treasurer. Cash balances in excess of immediate requirements are deposited in higher interest rate accounts.

In the meantime the Trustees are cautiously confident that the strategic aims of the Faculty are being matched by appropriate levels of funding. The Trustees are grateful to the outgoing Treasurer, Paul Litchfield, for his prudent approach over the last nine years and welcome his successor, Simon Sheard, who took over in May 2006. Finally, the Trustees wish to thank the staff, Nicky Wilkins, Frances Quinn and Graham Whittal, in the Faculty office, for their unremitting efforts throughout the year, together with the sponsors and supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

Sponsorship

Activities in the Faculty during the last 12 months have proceeded at a frenetic pace with the delivery of high profile projects to maintain and improve standards. This has required support at an unprecedented level from the membership and Chris Sharp, Sponsorship Co-ordinator, is pleased to report that this has been matched with much-appreciated financial support from our sponsors. Echoing last year, the Board wishes to thank Chris Sharp and all the organisations listed below who have worked willingly with the Faculty to make the Faculty's year such a success:

Adastral Health
Capita Health Solutions (funding promised for an event in 2007)
Corus
Grosvenor Health
Rolls-Royce (for work now deferred to 2007 and beyond)
UNUM Provident
WorkFit UK

The Sponsorship Co-ordinator is already in discussion with a number of organisations to support the coming year's work, but is still in search of further funds as the challenges for the Faculty develop.

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Statement of Trustees' responsibilities

The Trustees are responsible for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice applicable to charities.

The Charities Act 1993 requires the 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 Trustees are 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 Trustees are 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 Trustees are 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 Trustees are responsible for ensuring that the Report of the Trustees (and other information in the annual report) is prepared in accordance with charity law in the United Kingdom.

APPROVED by the Trustees on 4 April 2007 and signed on their behalf by:



President: Dr D C Snashall MSc FRCP FFOM FFOM(I) FFTM(Glas) LLM

Annex 1

Audited Accounts for the year
ended 31 December 2006

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Trustees' Annual Report and Accounts for the year ended 31 December 2006

Independent auditors' report to the members of the Faculty of Occupational Medicine

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2006 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. These financial statements have been prepared under the accounting policies set out therein.

This report is made solely to the charity's trustees, as a body, in accordance with regulations made under section 43 of the Charities Act 1993. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.

Respective responsibilities of trustees and auditors

The trustees' responsibilities for preparing the Trustees' Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice) are set out in the Statement of Trustees' Responsibilities.

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. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

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 Trustees' Report is not consistent with the financial statements, if the charity has not kept proper accounting records, if we have not received all the information and explanations we require for our audit, or if information specified by law regarding Trustees' remuneration and other transactions is not disclosed.

We read the Trustees' Report 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 International Standards on Auditing (UK and Ireland) 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 trustees in the preparation of the financial statements, and of whether the accounting policies are appropriate to the charity'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, in accordance with United Kingdom Generally Accepted Accounting Practice, of the state of the charity's affairs as at 31 December 2006 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.

Kingston Smith LLP

Chartered Accountants and Registered Auditors
Devonshire House
60 Goswell Road
London
EC1M 7AD
Date: 10 April 2007



Trustees' Annual Report and Accounts for the year ended 31 December 2006

Statement of financial activities

Year ended 31 December 2006

	Notes	Unrestricted funds		Restricted Funds	Total 2006	Total 2005 (restated)
		Designated Funds	General Funds			
		£	£	£	£	£
Incoming resources						
Incoming resources from generated funds						
Voluntary income	2	–	–	1,000	1,000	1,582
Investment income	3	12,087	17,588	2,792	32,467	24,336
Incoming resources from charitable activities						
Subscriptions		–	330,361	–	330,361	311,834
Qualification and training income		–	173,795	–	173,795	150,709
Publications		–	24,405	–	24,405	9,229
Other income		–	16,325	–	16,325	20,699
Conferences and events		–	65,008	–	65,008	29,734
Grants for publications and training	2	10,000	10,400	38,197	58,597	62,314
Total incoming resources		22,087	637,882	41,989	701,958	610,437
Resources expended						
Charitable activities						
Charitable activities	4	–	510,085	12,275	522,360	513,638
Governance costs	6	–	55,625	–	55,625	52,569
Total resources expended		–	565,710	12,275	577,985	566,207
Net income		22,087	72,172	29,714	123,973	44,230
Unrealised gains on investments	10	36,723	–	–	36,723	50,622
Net movements in funds for the year before transfers		58,810	72,172	9,714	160,696	94,852
Transfers between funds		–	–	–	–	–
Net movements in funds for the year		58,810	72,172	29,714	160,696	94,852
Fund balances brought forward at 1 January 2006		342,889	177,838	101,382	622,109	527,257
Fund balances carried forward at 31 December 2006		401,699	250,010	131,096	782,805	622,109

All income has been generated from continuing operations.

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

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Balance sheet

31 December 2006

	Notes	£	2006 £	£	2005 £	£
Fixed Assets						
Tangible fixed assets	9		1,581			2,785
Investments	10		391,699			342,889
			393,280			345,674
Current Assets						
Stocks	11	15,655		17,653		
Debtors	12	47,596		82,812		
Cash on deposit		429,921		315,763		
Cash at bank and in hand		81,160		28,195		
			574,332		444,423	
Creditors: Amounts falling due within one year	13	(184,807)		(167,988)		
Net Current Assets			389,525			276,435
Net Assets			782,805			622,109
Represented by:						
Unrestricted funds						
General funds	17	250,010		177,838		
Designated funds	15	401,699		342,889		
			651,709			520,727
Restricted funds	16		131,096			101,382
Total funds			782,805			622,109

APPROVED by the Trustees on 4 April 2007 and signed on their behalf by:



President: Dr D C Snashall MSc FRCP FFOM FFOM(I) FFTM(Glas) LLM



Treasurer: Dr S C Sheard MB ChB MMedSci FFSEM FFOM

Trustees' Annual Report and Accounts for the year ended 31 December 2006**Notes to the Financial Statements**
Year ended 31 December 2006**1 Accounting policies**

The principal accounting policies applied in the preparation of the financial statements of the Faculty are described below:

(a) Accounting convention

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of fixed asset investments at market value, and follow the recommendations in 'Accounting and Reporting by Charities: Statement of Recommended Practice' issued in 2005 (SORP 2005).

Comparative figures have been restated to comply with changes following the introduction of SORP 2005.

(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

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

(f) Investments

Investments are included at market value.

Unrealised gains and losses on investments arising in the year are included in the Statement of Financial Activities account at 31 December 2006.

(g) Pensions

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

(h) Funds

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

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

(i) Basis of allocation of costs

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

All other costs are allocated on a specific basis.

(j) Expenditure

Activities in furtherance of the Faculty's objects include costs relating to examinations, memberships and education and training and include an appropriate proportion of support costs. Support costs are those costs incurred directly in support of expenditure on the objects of the company and include project management.

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

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

Trustees' Annual Report and Accounts for the year ended 31 December 2006

2 Grants and donations

	Total 2006	Total 2005
Voluntary income		
Wilf Howe Fund (various donations)	1,000	1,432
Astra Zeneca	–	150
	1,000	1,582
Grants for publications and training		
	£	£
Department of Health – Training grant	8,197	18,114
BT – Annual report	–	2,500
DWP – Health and Work Handbook	–	10,000
– Fitness for Work	–	20,000
Society of Occupational Medicine – Donald Hunter Lecture	–	3,700
Corporate Health – Mobbs Travelling Fellowship	20,000	–
ATOS Origin – Annual Dinner	–	2,000
Adastral Health – Annual Dinner	3,000	–
Rolls-Royce – backpain guidelines	10,000	–
BUPA Health at Work Award	10,000	–
	51,197	56,314
Gifts in kind		
Grosvenor Health & Workfit UK – SpRs time at BMJ Careers Fair	1,400	–
BT – Annual Reception for volunteers	–	2,500
Royal Mail – Trustees Away day	–	3,500
Corus – Trustees Away day	6,000	–
	7,400	6,000
Total grants	58,597	62,314

3 Investment income

	Total 2006	Total 2005
	£	£
Bank interest	20,380	15,007
Dividends	12,087	9,329
	32,467	24,336

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Notes to the Financial Statements

Year ended 31 December 2006

4 Analysis of costs	Direct Costs £	Direct Salaries £	Support Costs £	Total 2006 £	Total 2005 £
Qualification and training	48,698	88,940	73,740	211,378	229,535
Members services	85,545	34,434	28,549	148,528	127,800
Publication costs	18,653	9,295	7,706	35,654	24,590
Meeting costs	34,649	27,627	22,906	85,182	73,296
Research fellowship	3,390	1,085	899	5,374	31,214
Conferences and events	23,177	7,144	5,923	36,244	27,203
	214,112	168,525	139,723	522,360	513,638
Governance costs	19,791	19,591	16,243	55,625	52,569
	233,903	188,116	155,966	577,985	566,207

5 Breakdown of support costs	2006 £	2005 £
Staff costs	66,250	57,825
Training and other staff costs	4,816	6,490
Communication	3,036	2,457
Printing, postage and stationery	16,638	12,621
Premises costs	22,791	30,743
Repairs and maintenance	17,644	16,908
Advertising and recruitment	10,235	7,343
Accountancy fees	6,512	5,848
Depreciation	3,575	2,440
Other costs	4,469	7,462
	155,966	150,137

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

6 Governance costs	2006 £	2005 £
Salaries	19,591	18,185
Support costs allocation	16,243	16,157
Audit fees	4,542	3,850
Meeting costs	11,389	9,021
AGM costs	1,260	916
Annual report costs	2,600	4,440
	55,625	52,569

Trustees' Annual Report and Accounts for the year ended 31 December 2006

7 Remuneration of trustees

The Trustees did not receive remuneration or any benefits during the year for their services (2005: nil)

15 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £5,024 (2005: 15 Trustees – £6,113).

8 Staff costs

	2006 £	2005 £
Wages and salaries	219,853	196,186
Social security costs	23,113	20,867
Pension costs	11,400	9,749
	254,366	226,802
	8	7

The average number of full-time equivalent employees during the year was:

No members of staff earned more than £60,000 in the year (2005 – the same).

9 Tangible fixed assets

	Fixtures and fittings £	Office equipment £	Total £
Cost			
At 1 January 2006	14,331	29,761	44,092
Additions	–	2,371	2,371
At 31 December 2006	14,331	32,132	46,463
Depreciation			
At 1 January 2006	13,204	28,103	41,307
Charge for the year	1,127	2,448	3,575
At 31 December 2006	14,331	30,551	44,882
Net Book Value			
At 31 December 2006	–	1,581	1,581
At 31 December 2005	1,127	1,658	2,785

10 Investments

	2006 £	2005 £
Quoted investments		
At 1 January 2006	342,889	282,788
Additions	12,087	9,479
Unrealised gain on revaluation of investments	36,723	50,622
At 31 December 2006	391,699	342,889
Historical cost	296,672	284,585

Investments consist of 86,851 units in Schroders Charity Fund.

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Notes to the Financial Statements
Year ended 31 December 2006**11 Stocks**

	2006	2005
	£	£
Stocks comprise:		
Publications for resale	15,655	17,653

12 Debtors

	2006	2005
	£	£
Accrued income	27,165	60,081
Other debtors	2,155	5,880
Prepayments	18,276	16,851
	47,596	82,812

13 Creditors

	2006	2005
	£	£
Amounts falling due within one year:		
Trade creditors	32,487	14,913
Accruals	44,466	51,906
Deferred income – examination fees received in advance	20,195	15,240
– subscriptions in advance	84,452	79,884
Tax and social security due (PAYE)	–	6,045
VAT due	3,207	–
	184,807	167,988

14 Deferred income

	Examination		Total
	fees	Subscriptions	£
	£	£	
Balance at 1 January 2006	15,240	79,884	95,124
Amounts released to incoming resources	(15,240)	(79,884)	(95,124)
Amount deferred in the year	20,195	84,452	104,647
Balance at 31 December 2006	20,195	84,452	104,647

Trustees' Annual Report and Accounts for the year ended 31 December 2006

15 Designated Funds

	As at 1 January 2006 £	Incoming Resources £	Gains on investments £	Resources expended £	As at 31 December 2006 £
Capital fund	342,889	12,087	36,723	–	391,699
BUPA Award	–	10,000	–	–	10,000
	342,889	22,087	36,723	–	401,699

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

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

16 Restricted funds

	As at 1 January 2006 £	Incoming Resources £	Interest Allocation £	Outgoing Resources £	As at 31 December 2006 £
Good Practice Guidelines Funds					
Esso Publications Fund	14,257	–	412	–	14,669
UNUM Fund	6,516	–	189	–	6,705
DWP – Fitness for Work	9,000	–	264	–	9,264
Lecture Funds					
Donald Hunter Lecture	10,223	–	234	730	9,727
Ernestine Henry Lecture	2,598	–	75	–	2,673
Other Funds					
Esso Research Fellowship Funds	36,872	–	1,049	1,502	36,419
William Taylor Memorial Fund	3,084	–	47	184	2,947
Shell Fellowship	795	–	23	–	818
Department of Health – Training grants	–	8,197	–	8,197	–
Wilf Howe Fund	4,730	1,000	130	558	5,302
Mobbs Travelling Fellowship	13,307	20,000	369	1,104	32,572
Rolls-Royce – backpain guidelines	–	10,000	–	–	10,000
	101,382	39,197	2,792	12,275	131,096

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

UNUM Fund provides resources to fund the production of advice on rehabilitation.

Department for Work and Pensions (DWP) provided funds to publish *Fitness for Work*.

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 trustees continue to assess applications for suitable projects to fund.

The William Taylor Memorial Fund 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.

Wilf Howe Fund was set up to provide a memorial to Dr Wilf Howe.

Mobbs Fellowship Fund was set up to provide travelling fellowships.

Rolls-Royce provided funds towards the costs of back pain guidance and leaflets which will be produced in 2007.

Trustees' Annual Report and Accounts for the year ended 31 December 2006

Notes to the Financial Statements
Year ended 31 December 2005

17 Unrestricted funds

	As at 1 January 2006 £	Incoming Resources £	Unrealised Gain £	Outgoing Resources £	As at 31 December 2006 £
Designated funds	342,889	22,087	36,723	–	401,699
General Fund	177,838	637,882	–	565,710	250,010
TOTAL	520,727	659,969	36,723	565,710	651,709

18 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	–	1,581	–	1,581
Investments	391,699	–	–	391,699
Net current assets	10,000	248,429	131,096	389,525
	401,699	250,010	131,096	782,805

19 Operating lease commitments

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

	2006 £	2005 £
Leases which:		
Expire within one year (office equipment)	638	–
Expire between 2 and 5 years (office equipment)	–	915
Expire between 2 and 5 years (land and buildings)	2,108	2,108
Expire after 5 years (land and buildings)	–	–
	2,746	3,023

20 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.

Annexes 2-8

The following Annexes to do not in themselves form part of the formal Trustees' Annual Report, but provide supplementary information on those who have contributed to the work of the Faculty or who have gained Faculty qualifications during 2006.

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List of Committee, Sub-Committee, Advisory and Working Group Memberships, Regional Speciality Advisers, Representatives and those who have examined in 2006

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 Sub-Committees, proposes and recommends to the Board new policy developments and initiatives, and implements Board decisions.

Executive Committee

Dr O H Carlton	Registrar (Chair)
Dr D C Snashall	President
Professor J Harrison	Academic Dean
Dr D Ferriday/Dr D Sen	Director of Assessment
Dr M J F Davidson	Director of Training
Dr J S F Tamin	Director of Professional Development
Professor K Holland-Elliott	Director of Communications
Ms N Wilkins	Chief Executive
Dr P Litchfield/Dr S C Sheard	Treasurer

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

Communications Sub-Committee

Professor K Holland-Elliott	Director of Communications (Chair)
Dr C F Amos	
Dr A D Archer	
Dr M D McKinnon	
Dr D Patel	Public Relations
Dr C D Payton	
Dr R Philipp	
Mr H Robertson	Lay representative
Dr D I M Skan	Board shadow for Director of Communications
Dr R Thornton	Conference Secretary
Ms N Wilkins	Chief Executive

This Working Group was established to review the Faculty's *Guidelines on Testing for Drugs of Abuse in the Workplace (1994)* and to draft *Guidance on Alcohol and Drug Misuse in the Workplace* which was published in July 2006 and won the BUPA Health at Work Award in November 2006.

Guidance on Alcohol and Drug Misuse Working Group

Dr S P Deacon	Chair
Dr B M Crichton	
Dr N F Davies	
Professor S Khan	
Dr I J Lawson	
Dr W J McCulloch	
Dr A M Samuel	

This Working Group was established to consider the particular health issues of migrant workers with a view to preparing a Position Paper on this subject in the first instance.

Health of Migrant Workers Working Group

Dr H K Nixon	Chair
Dr M M Coggins	
Dr K H Ling	
Dr P A Mellors	
Dr J R Morgan	
Dr S H R Naghavi	
Dr M R Peel	
Dr H G M Sayed	
Dr M Tohill	
Dr J M Wilford	

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 Representative keeps the Board informed about occupational medicine issues in Scotland.

Scottish Affairs Forum

Dr A M Leckie	Board representative of Scotland (Chair)
Dr F D Dick	
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 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 Representative keeps the Board informed about occupational medicine issues in Wales.

Welsh Affairs Forum

Dr G Denman	Board representative of Wales (Chair)
Dr W W Davies	
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 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 Representative keeps the Board informed about occupational medicine issues in Northern Ireland. In addition, the Forum assists in strengthening links with the Faculty of Occupational Medicine in the Irish Republic.

Northern Irish Affairs Forum

Dr D I M Skan	Board representative of Northern Ireland (Chair)
Dr D Courtney	
Dr W R Jenkinson	
Dr A P McCrea	
Dr M Tohill	
Dr A C A Glasgow	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.

European Affairs Forum

Dr E B Macdonald	Co-Chairman (Faculty representative on UEMS Occupational Medicine section)
Dr R J L Heron	Co-Chairman
Dr B M Crichton	
Dr N P Dowdall	
Dr P F G Gannon	
Dr D Sen	
Dr A J M Slovak	(SOM representative)

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.

Fellowship Committee

Dr W J Gunnyeon/Mr H Robertson	Chair
Dr O H Carlton	Registrar
Dr I R Aston	Elected RSA Representative
Dr P Graham	Lay representative
Mr H Robertson	Lay representative
Dr D Courtney	Fellows appointed by the Board
Dr G Parker	
Dr A M Samuel/Dr L Birrell	
Dr D Sen	
Dr R Thornton/Dr S R C Dougherty	
Dr E R Waclawski/Dr G M Fletcher	

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 was published in May 2006. It is not the remit of the Committee to consider and report routinely on ethical considerations arising out of individual research projects or protocols proposed by members, which should normally be submitted to Local or Multi-centre Research Ethics Committees or other appropriate committees such as those established by the Health and Safety Executive or the Armed Forces.

Ethics Committee

Dr C C Harling	Chair
Dr S J Hunt	Secretary
Dr P Litchfield/Dr S Sheard	Member of the Board/Executive
Dr J G Bell	4 Members or Fellows
Dr L G Holden	
Dr R D Jefferson	
Dr S M Pattani	
To be appointed	Diplomate
Ms S Cave	Co-opted non-medical member: Occupational Health nurse
Ms T Daly	Co-opted non-medical member: Occupational Health nurse
Dr P Graham	Lay representative
Mr H Robertson	Lay representative
Bela Gor	Employment lawyer

The Faculty Clinical Excellence Awards Committee nominates NHS consultants in occupational medicine for clinical excellence/distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages eligible consultants 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).

Clinical Excellence Awards Committee

Professor T C Aw/	
Professor D N M Coggon	Chair
Dr D C Snashall	President
Dr E R Waclawski	SOM nominee
Professor D N M Coggon/vacancy	
Dr C C Harling	
Dr P Graham	Lay representative

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

Assessment Sub-Committee

Dr D Ferriday/Dr D Sen	Director of Assessment (Chair)
Dr D C Brown	Deputy Director of Assessment
Professor J Harrison	Academic Dean
Dr D Sen/Dr J S F Tamin	Chief Examiner, AFOM
Dr S R Boorman	Chief Examiner, DOccMed
Dr M Henderson	Chief Examiner, DDAM
Air Cdre A J Batchelor	Chief Examiner, DAvMed
Dr A Pilkington	Chief Examiner, Internal Assessment
Dr J Cartwright/Vacant	Chief Examiner, Quality Management
Dr A M Leckie	Board shadow for Director of Assessment
Mr H Robertson	Lay Member

This Advisory Group devises, sets and reviews the biannual examination for Associateship of the Faculty.

AFOM Advisory Group

Dr D Sen/Dr J S F Tamin	Chief Examiner, AFOM (Chair)
Dr D Ferriday/Dr D Sen	Director of Assessment
Dr J Anderson	
Dr M Jennings	
Dr R V Johnston	
Dr D S D Jones	
Dr I A McCoubrey	
Dr S Sadhra	
Dr P A Siklos	

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

DOccMed Advisory Group

Dr S R Boorman	Chief Examiner, DOccMed (Chair)
Dr D Ferriday/Dr D Sen	Director of Assessment
Dr J Henderson	
Dr P M Jeffrey	
Dr R Thornton	
Dr S T Wang	
Dr L P Wright	

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

DDAM Advisory Group

Dr M Henderson	Chief Examiner, DDAM (Chair)
Dr D Ferriday/Dr D Sen	Director of Assessment
Dr C Hudson	
Gp Capt D Jones	
Dr N Mitchell-Heggs	

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

DAvMed Advisory Group

Air Cdre A J Batchelor
Dr D Ferriday/Dr D Sen
Dr M Bagshaw
Dr M G Braithwaite
Dr J Cartwright
Dr A D B Evans
Dr T M Gibson
Gp Capt D Gradwell
Dr R V Johnston
Wg Cdr H Lupa
Dr C Sharp
Dr A P Steele-Perkins

Chief Examiner, DAvMed (Chair)
Director of Assessment

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

Peter Taylor Medal Advisory Group

Professor J Harrison
Professor T C Aw
Dr A Pilkington/Vacant
Dr R M Preece

Academic Dean (Chairman)
Chief Examiner, Internal Assessor
SOM representative

The Specialist Advisory Sub-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 Advisory Sub-Committee recommends to the Postgraduate Medical Education and Training Board (PMETB) the award of Certificate of Completion of Training (CCT).

Specialist Advisory Sub-Committee

Dr M J F Davidson
Dr A C Wilcock
Professor J Harrison
Dr N K Cooper
Dr I Hastie

Dr K Holland-Elliott
Dr J K Moore

Dr N G Morris
Dr R Preece
Dr D I M Skan

Director of Training (Chair)
Deputy Director of Training
Academic Dean

Lead Dean for Occupational
Medicine

Board representative of
Specialist Registrars

SOM nominee
Faculty of Occupational Medicine,
Royal College of Physicians of
Ireland nominee

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

Article 14 Assessment Advisory Group

Dr M J F Davidson
Dr J Cartwright
Dr N K Cooper
Dr G M Fletcher
Dr P M Jeffery
Dr S C Sheard
Dr J G Spiro
Dr A C Wilcock

Training Dean (Chair)

The Assessment Development Working Group was established to develop new methods of assessing the competence of Specialist Registrars in preparation for the introduction of the new training programme. This was a time-limited working group which will not continue in 2007.

Assessment Development Working Group

Dr D C Brown
Dr D J Anton
Professor T-C Aw
Dr D I T Jenkins
Dr R L Marcus
Dr J P Owen
Dr C J M Poole
Dr N Royan

Chair

This Workplan Group grew out of the Workplan Development Group and was established to oversee and co-ordinate the development of the new curriculum and the new assessment framework and to ensure that both were submitted for approval to the Postgraduate Medical Education and Training Board (PMETB).

Workplan (changes to Occupational Medicine Specialist Training) Group

Professor J Harrison
 Dr D C Brown
 Dr D Ferriday/Dr D Sen
 Dr M J F Davidson
 Professor K Holland-Elliott
 Dr J S F Tamin
 Academic Dean (Chair)

Regional Specialty Advisers and Deputies

Region	RSA	Deputy
Northern	Dr C J English	Dr P A Wynn
Yorkshire	Dr J M Shepherd	Dr S M J Powell
Trent	Dr I R Aston	Dr R M Quinlan
East Anglia	Dr P J Baxter	Dr R D C Farman
N W Thames	Dr J Cartwright	Dr C F Amos
N E Thames	Dr C T Lamb	Dr M D McKinnon
S E Thames	Dr J M W Simpson	Dr A M Finn
S W Thames	Dr R V Johnston/Vacant	Dr K Holland-Elliott
Wessex	Dr R G Crane	Dr J C Smedley
Oxford	Dr K M Venables	Dr J G Spiro
South West	Dr R Philipp	Dr G M F Woodroof
West Midlands	Dr S C Sheard/ Dr J A Halliday-Bell	Dr A S Robertson
Mersey	Dr P J L M Oliver	Dr D H Wright
North West	Dr F C Page	Dr D G Menzies
Wales	Dr M G Tidley	Dr D A P D'Auria
South Scotland	Dr A G Elder/Vacant	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 Cdre G Nicholson
Army	Professor J M Harrington/ Professor R M Agius	Surg Cdre J J W Sykes Lt Col J P Owen
Air Force	Dr U T Ferriday	Col R Thornton Gp Capt D I T Jenkins Gp Capt A C Wilcock
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Dr S C P M Shearer	Professor M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

The Research Sub-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 and interventions within strategic health management. The committee also advises the management committee of the British Occupational Health Research Foundation (BOHRF) and produces a report for the sponsors of BOHRF summarising the activity of the committee and recommending future research options.

Research Sub-Committee

Professor C A C Pickering	Chair
Professor J Harrison	Academic Dean
Dr P Graham	Lay member
Professor A Griffiths	
Professor J J K Jaakkola	
Mr B Kazer	Chief Executive, BOHRF
Professor S Khan	
Professor M J O'Donnell	
L Seymour	
Dr A B Stevens	
Dr S Stork	

The Professional Development Sub-Committee advises the Board and the membership on all matters relating to professional development. It has not met in 2006 but will reconvene once the General Medical Council makes it clear what the definitive revalidation arrangements will be.

Professional Development Sub-Committee

Dr J S F Tamin	Director of Professional Development (Chair)
Dr M G Braithwaite	4 Faculty members
Dr G W Davies	
Dr A M Grieve	
Dr N G Morris	
Dr P Graham	Lay representative
Dr N L G McElearnay	SOM Education Panel representative
Professor J M Harrington	SOM nominee
Mr D Pilling/Mr B Sharpe	GMC representative

This Panel assesses the applications for these fellowships and makes recommendations to the Executive Committee as to the recipients.

Mobbs Travelling Fellowship Panel

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

Representatives on Other Bodies

Academy of Medical Royal Colleges	Dr D C Snashall
Assessment Committee	Dr D Ferriday/Dr D Sen
Health Inequalities Forum	Dr I M Kennedy
Academy of Royal Colleges and Faculties in Scotland	Dr A M Leckie
British Medical Association	
Junior Doctors Committee	Dr J K Moore
Occupational Health Committee	Dr N F Davies/Dr P J Nicholson
Civil Aviation Authority Aviation Medicine Forum	Dr R V Johnston
European Union of Medical Specialists	
Section of Occupational Medicine	Dr E B Macdonald
Faculty of Sport and Exercise Medicine	Dr S C Sheard
HSE Asthma Project Board	Dr P J Nicholson
Intercollegiate Cancer Committee	Dr C F Amos
Medical Council on Alcohol Advisory Group	Dr C D Payton
NHS Plus Stakeholder Group	Dr D C Snashall
National Patient Safety Agency	Dr P J Nicholson
<i>Occupational and Environmental Medicine</i>	
Editorial Board	Dr D C Snashall
OPRA Advisory Committee	Dr J Cartwright
Professional Organisations in Occupational Safety and Health	Dr P Litchfield
Royal College of Physicians of London	
Council	Dr D C Snashall
Ethics Committee	Dr R D Jefferson
Royal College of Psychiatrists Liaison Officer	Dr P Litchfield
Toxicology Liaison Officer	Dr M A Cooke
UK Voluntary Register for Public Health Specialists	
Advisory Group	Dr K E Nightingale

Examiners who examined for the Faculty in 2006

Dr D F W Ackroyd	Dr A M de Bono	Dr M Kinoulty	Dr R M Quinlan
Dr L A Adishes	Dr S P Deacon	Dr P Kitchen	Dr A S Robertson
Dr J Anderson	Dr P Dewis	Dr I J Lawson	Dr A Rossiter
Dr D J Anton	Dr G R Evans	Wg Cdr M E Lewis	Dr P J J Ryan
Professor T-C Aw	Dr S A Evans	Dr I D Lindsay	Dr S J Ryder
Dr S M Awbery	Dr U Finucane	Dr P Litchfield	Dr S S Sadhra
Dr P D Baker	Dr D Fishwick	Wg Cdr H Lupa	Dr A R Scott
Air Cdre A J Batchelor	Dr D J C Flower	Dr D E S Macaulay	Dr D Shand
Dr D Bax	Dr D F Gallagher	Dr D J Makepeace	Dr S C Sheard
Dr E Beck	Dr W R Gamble	Dr R L Marcus	Dr A J M Slovak
Dr D Bhatnagar	Dr M J E Gann	Dr H C Mason	Dr S A Szweda
Dr J L Bonsall	Professor K Gardiner	Dr I A McCoubrey	Dr J S F Tamin
Dr S R Boorman	Dr T M Gibson	Dr N M Mitchell-Heggs	Dr R Thornton
Dr A J Bray	Dr D A Gidlow	Dr V S G Murray	Dr S Turner
Dr D C Brown	Dr A M Harvey	Dr H K Nixon	Dr J A Vale
Dr D G Bruce	Dr M Henderson	Dr J P Owen	Dr S T Wang
Dr I M Calder	Dr C W Ide	Dr F C Page	Dr A C Wilcock
Dr K M Campion	Dr R D Jefferson	Dr G Parker	Dr A N Williams
Dr J Cartwright	Dr D I T Jenkins	Dr B W Platts	Dr J M Wintle
Professor D N M Coggon	Dr M Jennings	Dr C J M Poole	Dr V-S Wong
Dr D E Cook	Dr R V Johnston	Dr R M Preece	Dr L P Wright
Dr N K Cooper	Dr C J Kalman	Dr A E Price	Dr A Yardley-Jones

Reports from Representatives on Other Bodies

Academy of Medical Royal Colleges Health Inequalities Forum (AHIF)

The AHIF met three times during 2006. It has continued to promote the recognition of health inequality issues by all Medical Royal Colleges and Faculties.

During the last year the Forum has met with representatives from the Disability Rights Commission and has explored ways of raising awareness of disability related initiatives with the Royal Colleges and Faculties.

Work has continued on finalizing a core training module on health inequalities, with contributions from all College representatives, which could be applied to postgraduate training by all Colleges and Faculties.

The Forum has continued to provide an opportunity for College representatives to exchange knowledge about specific initiatives and plans of action for addressing health inequalities within their respective specialities.

Ioanna Kennedy

British Medical Association (BMA) Occupational Health Committee

The BMA Occupational Health Committee (OHC) exists to:

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

The Committee comprises the elected member of Council representing occupational medicine, three members appointed by BMA Council, three members appointed by the BMA Representative Body, two members appointed by the Society of Occupational Medicine and one member appointed by the Faculty of Occupational Medicine. Neil Davies represented the Faculty until he completed his second consecutive term of office as an elected member of the Faculty Board in May 2006.

The Committee met in February, April and November. The BMA Annual Representative Meeting (ARM) held in June referred the following motion to the OHC for action:

- "That this house believes that occupational health services should be provided to all medical students and calls upon the BMA to work with the Council of Heads of Medical Schools to ensure that such services are provided."

Other matters that were considered included:

- VAT and pre-employment examinations: the Committee was concerned by the HM Revenue and Customs view that the primary role of pre-employment medicals was to enable a third party to decide a course of action.
- Testing of new health care workers and students for TB, Hepatitis B, Hepatitis C and HIV: the Committee opposes compulsory testing of health care workers for blood-borne viruses.
- Sickness certification: the Committee was committed to lobbying government to reconsider extending the self-certification period.
- Safer needles: the Committee worked with the Safer Needles Network to raise awareness and influence Trusts to purchase safer needles.

Paul J Nicholson

Civil Aviation Authority (CAA) Aviation Medicine Forum

This Forum meets bi-annually in order to improve communication in liaison with key stakeholders in the pilot, airline and air traffic community. The main developments during 2006 were:

- **Authorised Medical Examiner (AME) On-line Project**

The transition to electronic data management of aircrew medicals continues to progress within improvements in the IT infrastructure. The improvements to this infrastructure will include a virtual private network to address serviceability issues.

- **Passenger Health**

The Aviation Health Unit, which I have headed since April 2006, remains active on a number of topics. The most salient at present is that of cabin air quality. The Unit is working closely with the Department for Transport and the Committee on Toxicity in reviewing appropriate data and formulating a protocol for a formal measurement of cabin air on a number of aircraft types.

- **Authorised Medical Examiners Audit**

The key drivers for the audit process are good medical practice from the General Medical Council, an internal CAA audit and the Joint Aviation Regulations (JAR). The aims of the process are to ensure that the Authorised Medical Examiners (AMEs) meet the JAR requirements and that the process contributes to clinical governance and will provide internal Continuing Professional Development (CPD) activity and contribute to professional revalidation. A document has been produced entitled Good Aeromedical Practice, based on the General Medical Council guidelines, which defines standards of practice and ensures input from both the CAA and the customer-base, ie pilots and air traffic controllers.

- **Developments within Europe**

The European Aviation Safety Agency (EASA) continues to develop but the Joint Aviation Authorities (JAA) transition team will re-locate to Cologne from January 2007. This team does not contain a medical representative. However, the UK CAA Chief Medical Officer chairs the EASA FCL.001 Medical Sub-Group and it is likely that EASA will adopt JAA procedures for medical certification.

Raymond Johnston

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

The objectives of the UEMS are:

- study, promotion and harmonisation of high quality training of medical specialists in the EU
- promotion of the free movement of specialists within the EU
- defence of the professional interests of specialists and their role in society
- representation of medical specialists within the medico-political arena in the EU.

The mission of the section is to promote the development of the specialty of occupational medicine with the aim of improving the health of workers. The section meets twice per year. Each country is entitled to two representatives, one academic (Faculty of Occupational Medicine), one practitioner (Society of Occupational Medicine nominee) who have to be proposed by the country

medical organisation (British Medical Association). Meetings generally have at least 17 countries represented with about 25 participants. The European Association of Schools of Occupational Medicine (EASOM) is also represented by John Harrison. President of the section is Consol Serra from Spain. Knut Skyberg of Norway is Secretary and Andy Slovak is Treasurer.

The current objectives of the group are to:

- influence legislators
- harmonise specialist requirements and quality of specialist training programmes
- harmonise CME criteria and recertification requirements
- review of the agreed core competencies
- revision of the section website
- support the occupational health field of the Cochrane Collaboration
- improve liaison with EASOM
- support and progress the UK led project to develop a Common Assessment Tool for trainees (ATOMe project)

Progress has continued with all of these and good liaison with the EU Bilbao centre has been established. The section is expected to grow with the recent expansion of the EU and remains the key medico-political forum for the specialty. Comments and inputs from UK occupational physicians to the Faculty and Society representatives are welcomed.

Ewan Macdonald

Faculty of Sports and Exercise Medicine (FSEM) UK

The official launch of the FSEM took place on Monday 11 September 2006 at the Royal College of Physicians in London in the presence of its Royal patron, HRH The Princess Royal. The newly formed Faculty has a duty to embrace the recognition of practising physicians and surgeons who currently provide the necessary medical healthcare needs of individuals at all levels of sports and exercise participation.

In this respect it is inviting applications for Membership and Fellowship of the new Faculty. To date there have been over 200 applications. In the future, as the number of sports and exercise medicine specialists increases, changes will need to be made to the structure of the Faculty of Sports and Exercise Medicine, with the majority of its Council being elected by its Members and Fellows. In the meantime I continue to represent the Faculty of Occupational Medicine on the Board and Specialist Advisory Committee (SAC).

The SEM curriculum has been submitted to the Postgraduate Medical Education and Training Board (PMETB) and selection has already commenced for Specialist Training posts (London: 33 applicants for 4 posts, North East: 22 applicants for 1 post, Armed Forces: 7 applicants for 3 posts). Specialty Specific Guidelines for Article 14 applications have been drawn up although there have been no applications received yet.

It is a busy time for the new Faculty and I have little doubt that there remains a significant opportunity for Occupational Medicine to play an active part in this new specialty and anyone interested is encouraged to visit the Royal College of Surgeons of Edinburgh website (<http://www.rcsed.ac.uk>) or to contact me for details.

Simon Sheard

Health and Safety Executive (HSE) Asthma Project Board

The Asthma Project Board is a partnership board created by HSE to support HSC's target to reduce asthma caused by substances at work by 30% by 2010. The Board's main objectives are to produce strategic ideas on reducing the incidence of occupational asthma and to champion the cause of asthma caused by and made worse by work.

The Board met in January and October to update representative organisations of activities. HSE reported that partnership working has led to considerable progress in a number of areas: eg isocyanate exposure amongst paint sprayers in motor vehicle repair body shops; flour dust exposure in bakeries; wood dust exposure in joiners and furniture makers and colophony exposure in electronics workers.

Professor Raymond Agius was invited to the January meeting to provide an update from the Surveillance of Work-Related & Occupational Respiratory Disease scheme (SWORD). SWORD data supported HSE's view that there had been an overall gradual reduction in the frequency of occupational asthma in recent years.

Paul J Nicholson

Intercollegiate Cancer Committee

The Intercollegiate Cancer Committee was set up in October 2006 and consisted of representation from the Royal Colleges of Paediatrics and Child Health, Anaesthetists, Ophthalmologists, Psychiatrists, Radiologists, Surgeons and Physicians as well as the Faculties of Public Health Medicine, Occupational Medicine and Pharmaceutical Medicine. Professor Mike Richards, the National Cancer Director, is a standing member.

Professor Niall O'Higgins chairs the Committee which has been convened under the auspices of the Academy of Medical Royal Colleges. It is envisaged that initially the intercollegiate body will address issues of interdisciplinary training as well as delivery of care. The purpose of the group is to give specific recommendations and proposals to the Academy within a specified time frame.

The Committee aims to be a unified voice for informed advocacy for improved cancer services. It intends to be an expert and credible group advising government and policy makers on the strategic planning of cancer services. There is also an intention to reach out to the public to inform and explain developments and priorities in cancer research and services as well as having a positive and influential role in proposing and promoting strategies in health promotion and cancer prevention.

Professor Richards presented the Cancer Reform Strategy announced by the Secretary of State on 30 November 2006, which aims to build on the Cancer Plan 2000. There is an emphasis on reform and focusing on the key principles of choice, quality, equity and value for money as well as seeking out opportunities for research. The care emphasis will shift from inpatient to day case to community and encompasses the next 5-10 years. Final publication is expected in the autumn of 2007 and the Intercollegiate Cancer Committee will be a significant contributor to that document.

To that end, a number of sub-committees or workstreams have been set up to look deeper into some of these aspects and the Faculty of Occupational Medicine is represented in a sub-group looking into the rehabilitation of those with cancer into the workplace.

Cathy Amos

Medical Council on Alcohol (MCA) Advisory Group

The MCA is a charity committed to improving the medical understanding of alcohol related problems. It set up a College and Faculty group in 2005 and, given my interest in this field, I volunteered to represent the Faculty. I attended both the initial meeting of the group in November 2005 and a further meeting in June 2006. At the June meeting I was asked to brief the MCA on the role of an occupational physician in this field and I described how we are able to monitor employees with alcohol problems, provide support to help them continue at work and provide health promotion with regard to alcohol use to the workforce. My briefing was received both with interest and with a degree of surprise as most of the Council members had little idea of how much an occupational physician can do to support staff with alcohol problems. I explained that the level of such support varied widely across the country and within the NHS. I was then invited to speak at the MCA seminar on 29 November: Alcohol and Fitness to Practise – Addiction Services and a Health Support Programme.

At the November seminar, I described in more detail the support available from occupational health, including the role of specialist counsellors and the random testing programme that we have developed at the Royal United Hospital in Bath. I used details from some anonymised cases to illustrate the success of the programme in helping workers to stay abstinent, once they had taken the decision to stop drinking and once they had the support they needed. I also talked about the issue of alcohol and work being either a conduct issue or a health issue. There was a lively round-robin debate at the end of the seminar. From this and from comments at the previous meetings, it is clear that the input I have provided to the MCA about the role of the occupational physician has been useful and informative.

Colin Payton

National Patient Safety Executive (NPSA) Medical Advisory Panel

The National Patient Safety Agency (NPSA) is a Special Health Authority created to monitor and learn from patient safety incidents occurring in the NHS with the aim of improving patient safety. The NPSA's work also encompasses: safety aspects of hospital design, cleanliness and food; responsibility for the Central Office for Research Ethics Committees (COREC); responsibility for the National Clinical Assessment Service (NCAS), and managing the contracts with the three confidential enquiries. The Faculty is represented on the Medical Advisory Panel.

NPSA was criticised for collecting data but "not telling the NHS anything it does not already know", and for its output not being "commensurate with input". In future the focus of the NPSA will be to collect and analyse data. The joint Chief Executives who had been on leave since the summer left the NPSA at the end of the year.

In a Department of Health publication *Safety First*, the CMO England proposed creating a National Patient Safety Forum chaired jointly by the CMO and Chief Executive of the NHS and that the NPSA's management role should be vested in Patient Safety Action Teams hosted by Strategic Health Authorities. The review leaves the National Confidential Enquiries, the Research Ethics Service and NCAS unaffected. The NPSA will focus on data collection and analysis with a re-engineering of the National Reporting and Learning System and strengthening of the Safety Observatory.

The leaflet *A Commitment to Patient Safety Leaflet*, led by the Faculty was distributed by all Colleges and Faculties and is on the NPSA and GMC websites, see: www.npsa.nhs.uk/site/media/documents/1946_Commitment.pdf.

NPSA safer practice notices and patient safety alerts commented on and issued in 2006 included:

- ensuring safer practice with high dose ampoules of diamorphine and morphine
- improving compliance with oral methotrexate guidelines
- ensuring the safety of people with learning disabilities in acute hospitals
- right patient – right blood
- preventing wrong route errors with epidural infusion

Further information about the National Patient Safety Agency is available at: <http://www.npsa.nhs.uk>

Paul J Nicholson

Reports from Constituency Elected Trustees

Scotland

I have now completed a partial term of office and have elected to stand for a subsequent full term. I have had the pleasure of watching Faculty activities and sphere of influence grow in Scotland. Scotland sometimes feels like a “wee” country but as our First Minister says it is the best small country in the world. But this same size does allow easier communication, quicker decision making and hopefully facilitates progress. There is no doubt the Scottish Executive is interested in occupational health and there are opportunities to access and influence Ministers.

I have represented the Faculty on the Scottish Academy of Faculties and Royal Colleges through what has been a very interesting time with Modernising Medical Careers (MMC) and the Postgraduate Medical Education and Training Board (PMETB) being implemented. The Scottish Executive has to date accepted that it needs to fund the training for all the occupational physicians for Scotland's future needs. This does not prevent industry posts also being approved and so does increase the capacity for training in Scotland. There is also a real opportunity for a joint approach from the NHS departments of occupational health and industry to develop shared training posts. Whether MMC in Scotland transpires to be a good or a bad thing remains to be seen. Scotland is doing its own version of MMC, which does lead to benefits like increased funding being available but also leads to challenges like very little of the work being carried out by the Faculty office in London being easily transferred north of the border. We are in the process of establishing an over-arching training committee in Scotland that will incorporate the old structure of separate training committees for the north and the south of the country. So huge thanks from all should be given to Gill Fletcher who stepped up to take this on temporarily when Sandy Elder first became unwell. After Sandy's sad and premature death Gill has led the specialty in Scotland through this huge change.

In Scotland, POOSH (Professional Organisations in Occupational Safety and Health) Scotland meets two to three times per year to discuss matters in common between the various parties involved in occupational health and safety. We continue to be represented on Scotland's health and safety committee and report actively to it.

Education at university remains variable with still a reliance on the goodwill of individuals in most of the universities for teaching. There are 18 Specialist Registrars in post, which is a healthy number. They have joint training days each month, which I know is better from a training point of view, as well as lightening the load on individual trainers.

I have represented the Faculty at a review of the impact of the mental health improvement plan for Scotland and also at some networking and social occasions.

I am always willing to listen to the people I represent and can be contacted at alastairleckie@ohsas.scot.nhs.uk.

Alastair Leckie

Wales

In the early part of 2006, the Welsh Assembly Government conducted a mapping exercise to determine the level of occupational health provision across Wales. They have discovered that the current level of provision is, at best, patchy and limited primarily by the very small number of occupational health practitioners available. They have also confirmed that resources for training more practitioners in Wales are extremely limited. Since then, they have set up a Task and Finish Group, which we are part of, with a view to improving the situation and making occupational health more accessible to all workers in Wales – not just those in the public sector. Delivering that will be a major challenge, and we are still at a very early stage in that process.

One major problem facing us is the fact that seven of our nine existing consultants will be retiring in the next five to ten years, and we do not have enough places to train their replacements. We are continuing to look at ways of rectifying this, but there are a number of obstacles. Funding is one, but we also have a very limited number of places where Specialist Registrars could be trained, and recent changes to postgraduate medical training related to the introduction of the Postgraduate Medical Education and Training Board (PMETB) and Modernising Medical Careers

have made attracting good trainees even more difficult than it was before.

A new Welsh Occupational Health Forum has recently been set up. It has grown out of separate doctors' and nurses' occupational health groups, but also includes representatives from the Welsh Assembly Government, thereby strengthening our links with government.

Impact

I have contributed to the Welsh Assembly Government's Task & Finish Group. The new Occupational Health Forum has the potential to be a significant voice in Wales because it includes both doctors and nurses and, importantly, representation from the Welsh Assembly Government. We will seek to support it and contribute as much as we can. The Welsh Affairs Forum has met and discussed options, though continuing uncertainty over the direction of medical training is making planning difficult. We continue to contribute to the Academy of Medical Colleges in Wales.

Objectives for 2007

The Welsh Affairs Forum will monitor developments in medical education, and seek ways to improve occupational health training in Wales. We will also contribute positively to the development of the Welsh Occupational Health Forum, which is potentially capable of becoming a useful voice and channel for communication. We will continue to investigate ways of improving occupational health provision. This will be partly by trying to increase the number of occupational physicians in Wales, but also by broadening the base of occupational health practitioners so that other professionals such as nurses are able to increase their contribution.

Geoff Denman

Northern Ireland

The Review of Public Administration continues apace in Northern Ireland. Local authorities, health service trusts and education and library boards are the areas most affected. As there will be fewer Trusts, arrangements for occupational health services will change.

During 2006/2007 in Northern Ireland three of the five Specialist Registrars completed training. Dr Benita McCarthy has been recently appointed to the Royal Group of Hospitals as a Specialist Registrar. The local Training Committee is supported by Dr Ray Johnston for its Record of Inservice Training Assessment (RITA) interviews.

On 30 April 2007 smoking legislation banning smoking in public places comes into effect in Northern Ireland. Faculty members welcome this added protection of workers, particularly those in the hospitality sector. Dr Ken Addley has succeeded Dr John Gallagher as Dean of the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland and it is anticipated that Dr Anthony Stevens will be formally appointed as Medical Director of the soon to be established Belfast HSC Trust.

Delia Skan

Specialist Registrars

Aims for 2006

- To represent the perspective of Specialist Registrars at the Faculty Board
- To bring the perspective of occupational medicine trainees to the Academy of Medical Royal Colleges Trainee Group and to the BMA Junior Doctors Committee
- To communicate the proceedings of these groups to the Specialist Registrars.

This year has again been dominated by the activities of the Postgraduate Medical Education and Training Board (PMETB). This is a statutory body, which became 'live' in September 2005. It has grown in strength and influence, and has had a significant impact on the future training for a career in occupational medicine. In fact, it has had a similar impact on the training programmes for every medical and surgical specialty, leading to a lot of activity in the Academy of Medical Royal Colleges Trainee Group. As a group we have lobbied for the inclusion of trainees on PMETB committees and now have trainee representation, through the Academy forum, on a number of subcommittees. The changes that have followed the formation of PMETB have necessitated a complete review of training and the competency framework. It also has introduced the need for a more robust method of assessment of competency throughout training and so now we will see the advent of workplace based assessments. It continues to be important to have some SpR input into the new framework.

The regional representatives have changed slightly over the year as individuals have been successful in gaining their Membership and so succession planning is becoming important. There are still regions without representatives so volunteers for Wessex, Wales and the Navy are being sought for 2007.

Jayne Moore



Annex 3**Award of Fellowship for 2006**

S E L Coomber
G R Evans
A Hawley
R D Jefferson
D I T Jenkins
A M Leckie
R M Preece
M H Ross
S J Ryder
J M Shepherd
J G Spiro
M G Tidley
I L Torrance

Honorary

Professor A K Burton
Professor G Waddell

Annex 4**Award of Membership for 2006**

J A Almond
P A Bayman
J R Blankson
L K Boakye
D L Bruce
J T V Chapman
M A Critchley
R G Evered
S D Flynn
W C Fraser
K A A Gibson
M K M Greasley
D J Haldane
S P Lucey
G A Martell
A P Massey

S I Miah
C S Mutalik
C A O'Donnell
L Ogunyemi
W J C Ponsonby
K Pratt
J W P Preston
A J Roberts
D R C Roomes
I St Clair
A K Skidmore
E J Thompson
M D Turner
J M M Vaughan
P W Williams

Winner of the 2006 Peter Taylor Award
(for the best dissertation submitted):
Dr Geraldine Martell

Annex 5**Award of Associateship for 2006****January 2006 examination**

S M Ahmed
J R Blankson
J W Boag
R J Gill
J E Hitchins
W J Humphries
S McAlindon
S C Richardson
R M Roope
E G Scott
F Solkar
S M Tellam
L Walsh
J G Williams
F Zubier

June 2006 examination

A F Adeodu
L M Andrews
K A Bailey
S Basheer
J Buchanan
S Dagens
D Lalloo
D S Mallett
C A Mason
R A Milner
D L Morgans
K E Nightingale
O O Ogundipe
S M Phillips
T P Scade
J A Schreiber
J R Thompson
S Varadarajan
R J Webber

No. of candidates sitting: 24
No. of candidates passing: 15
Percentage passing: 63%

No. of candidates sitting: 27
No. of candidates passing: 19
Percentage passing: 89%

Winner of the 2006 William Taylor Prize
(for the highest overall score)
Dr K A Bailey

Annex 6**Award of Diploma in Occupational Medicine for 2006****May 2006 examination**

S J Attwood
N A Bates
S J Bellamy
E S T Bowman
B Chireka
A D Coombe
C N Deaney
J J Dromey
J M Eyears
N B Fernandes
V J Foley
C M Gallagher
S S Goraya
E Greef
I A Hoosen
R L Kathuria
V J Kielty
F J Macpherson
FN Maimbolwa
S K Majevadia
R Mehta
P A Moultrie
H D Mycock

R D O'Connor
E Patel
D Phelan
M Robinson
J R Roche-Nagle
S Shah
A M Skottowe
S B Sunday
C M Sykes
Z S Taimur
D J Titterton
N Twelves
C B Valentine
C A Wallace
J P Wijnberg
I R Williams
A E J Wilson
S J Witts

No. of candidates sitting: 44
No. of candidates passing: 41
Percentage passing: 93%

Annex 6 cont**Award of Diploma in Occupational Medicine for 2006****November 2006 examination**

P A Ajayi	S M Nixon
D E Boyd	M E Page
T R Brewin	D N Pickering
N A Channing	C G L Pidsley
M K Cooner	P M Rhodes
J J De Murtinho-Braga	C M Solomon
V A T Fawcett	D E Smith
C J Grobler	R M Tenner
M D Guild	M J A Trudgill
A M Gwynn	F M Van Kets
B B Herath-Mudiyanselage	
H W G Lanton	<i>No. of candidates sitting: 27</i>
O Lo	<i>No. of candidates passing: 24</i>
S Louth	<i>Percentage passing: 89%</i>

Winners of the 2006 AstraZeneca Awards
(for the highest overall score)

Dr V A T Fawcett

Dr D E Smith

Dr M J A Trudgill

Annex 8**Award of Diploma in Disability Assessment Medicine for 2006****January 2006 examination**

H S Giridhar
P N Staves

No. of candidates sitting: 2
No. of candidates passing: 2
Percentage passing: 100%

December 2006 examination

A V Camp
J Heffer
S M Holt
G P Kennedy
A Pilkington
R Scott-Watson
G Smith
P A Sullivan
J Underwood
N R Williams

No. of candidates sitting: 16
No. of candidates passing: 10
Percentage passing: 63%

Winner of the 2006 Corporate Health Prize
(for the best performance in the examination)

Dr J Underwood

Annex 7**Award of Diploma in Aviation Medicine for 2006**

R Abdul Rahman	E L T Tay
D Carey	P L Walters
M Clavet	K A Ward
J D Ferguson	
L J Houghton	
E J Hutchison	<i>No. of candidates sitting: 13</i>
C H Koh	<i>No. of candidates passing: 11</i>
I A Mollan	<i>Percentage passing: 85%</i>

Winner of the Stewart Memorial Prize
(for the best examination performance)

Captain E L T Tay

Winner of the British Airways Barbara 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)

Major M Clavet



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