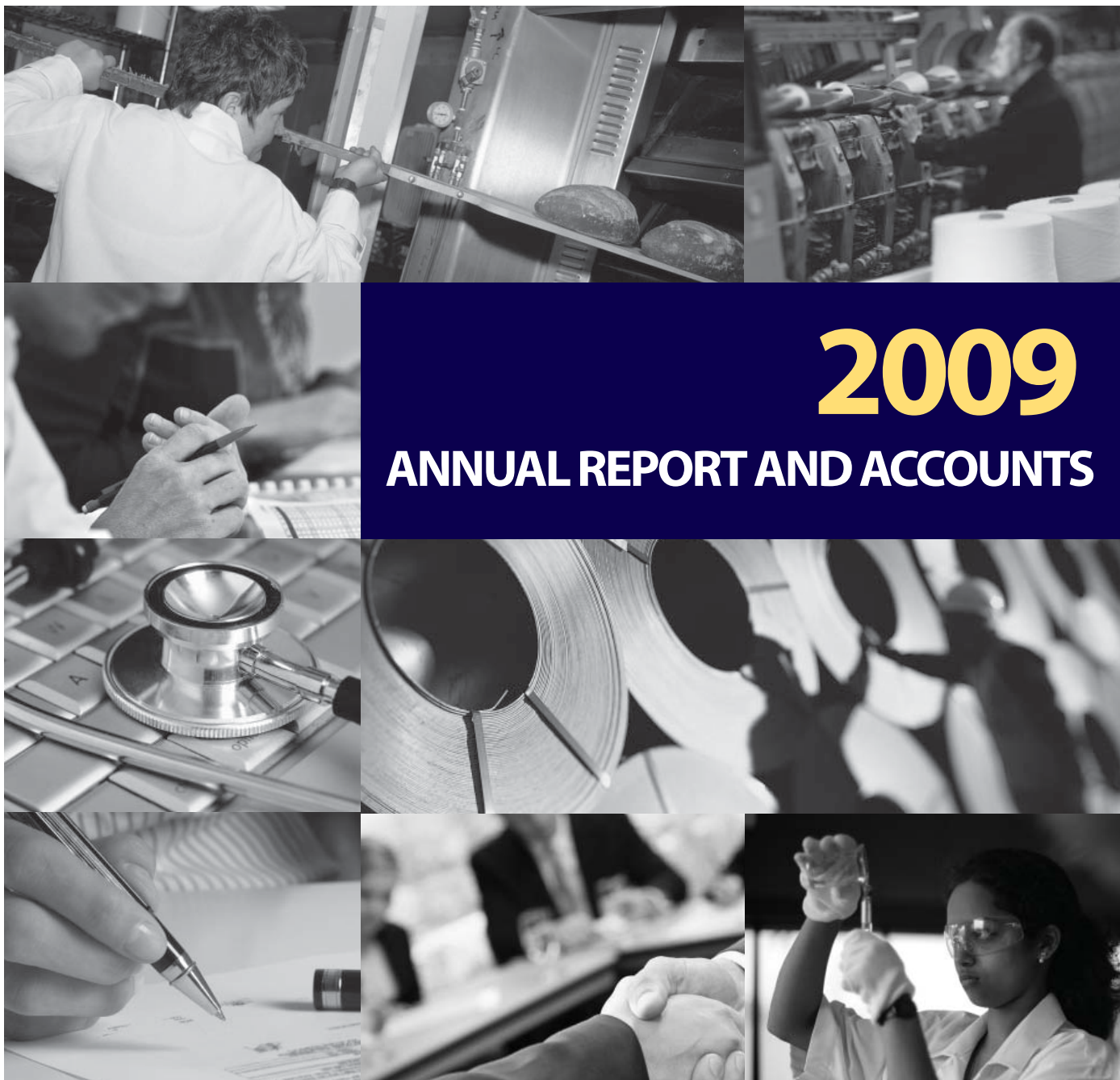




fom

Faculty of Occupational Medicine
of the Royal College of Physicians



2009

ANNUAL REPORT AND ACCOUNTS

Charitable Objects and Mission Statement

CHARITABLE OBJECTS OF THE FACULTY OF OCCUPATIONAL MEDICINE

The charitable objects of the Faculty are to:

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

MISSION STATEMENT OF THE FACULTY OF OCCUPATIONAL MEDICINE

Our aim is for healthy working lives through:

- maximising people's opportunities to benefit from healthy and rewarding work while not putting themselves or others at unreasonable risk
- elimination of preventable injury and illness caused or aggravated by work
- access for everyone to advice from a competent occupational physician as part of comprehensive occupational health and safety services

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Introduction

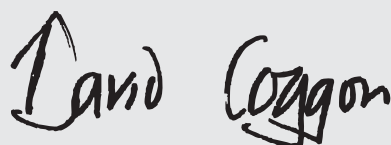
2009 has been another busy year for the Faculty. After consultation with our members, we agreed a strategic vision of how occupational health care can best be delivered nationally over the next five to ten years. Building on the momentum that has been generated by Dame Carol Black's review, *Working for a healthier tomorrow*, and the Government's positive response to it, we set out steps that we believe will enhance the health of the working age population, and that are practical even in a time of budgetary restraint.

One of the needs identified in the vision is for a voluntary system of standards and accreditation for occupational health services. Working in collaboration with colleagues from other occupational health professions, we have now drawn up and agreed a set of standards that can be used by services of all sizes. Following their publication, the next step will be to develop a cost-effective system for accreditation against the standards. We intend that once established, accreditation will assist employers in engaging services of the highest quality, and at the same time encourage providers of services continually to improve their practice.

Another high priority is to reinvigorate the academic base, not only for occupational medicine, but also in other related disciplines such as exposure sciences, ergonomics and toxicology. There is a danger that as senior staff retire over the next 10 years, we will lose critical components of academic capacity that are needed to underpin public health policy and clinical practice in the UK. In October 2009, acting jointly with the Health and Safety Executive, we convened an expert group to review the problem and the actions that are needed to address it. A report is now being drafted, and will be used as a starting point for discussions with the Government's Chief Scientific Adviser, and influential bodies such as the Medical Research Council and Academy of Medical Sciences.

Several other goals identified in the strategic vision are also being pursued, including enhanced training on work and health for medical undergraduates, and for general practitioners. Others, such as the trial establishment of regional occupational physician posts in the NHS, will be promoted in discussion with Government and other external partners.

Finally, I should highlight the continuing work that has gone into the development of revalidation for occupational physicians. The aim of revalidation for doctors is to improve standards of practice and provide reassurance to the public. However, it must be both cost-effective and fair. A basis for revalidation for occupational physicians has now been agreed, but it will be important to evaluate the costs and benefits of implementation as it is introduced.



David Coggon
President

Board, Officers and other key appointments

THE BOARD AND CHARITY TRUSTEES

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. Except where indicated, the following all served in office throughout 2009:

Professor David Coggon	President
Dr Ian Aston	Elected representative of Regional Specialty Advisers
Professor Sherwood Burge	RCP Representative
Dr Geoff Denman	Elected representative of Wales
Dr Mike Gibson	Universally elected member
Professor Ian Gilmore	RCP President
Dr Peter Graham	Lay representative (nominated by CBI)
Dr Marjorie Greasley	Universally elected member (from 14 May 2009)
Dr Ali Hashtroudi	Specialist/Specialty Registrar representative (to 24 June 2009)
Dr Ray Johnston	Universally elected member (to 14 May 2009)
Dr Ioana Kennedy	Universally elected member (from 14 May 2009)
Dr Alastair Leckie	Elected representative of Scotland (to 14 May 2009)
Dr Philip McIlroy	Universally elected member
Dr Clare Piper	Specialist/Specialty Registrar representative (from 9 September 2009)
Mr Hugh Robertson	Lay representative (nominated by TUC)
Dr Steve Ryder	Elected representative of Scotland (from 14 May 2009)
Dr Chris Sharp	Universally elected member
Dr Andy Slovak	Universally elected member (to 14 May 2009)
Dr Julia Smedley	Universally elected member
Dr Martin Tohill	Elected representative of Northern Ireland

OFFICERS

Except where indicated, the following held office throughout 2009:

Dr Lisa Birrell	Registrar (Deputy President)
Professor Keith Palmer	Academic Dean (Deputy President)
Dr Simon Sheard	Treasurer
Col Jeremy Owen	Director of Training
Dr Dil Sen	Director of Assessment
Col Rob Thornton	Director of Professional Development
Ms Nicky Coates	Chief Executive

OTHER KEY APPOINTMENTS

Dr Jayne Moore	Deputy Director of Training
Dr David Brown	Deputy Director of Assessment
Dr Jacques Tamin/ Dr Tokeer Hussain	Chief Examiner AFOM (to/from 1 July 2009)
Dr Steve Boorman	Chief Examiner DOccMed
Dr Moira Henderson	Chief Examiner DDAM
Gp Capt David Gradwell	Chief Examiner DAvMed
Dr Katherine Venables	Chief Examiner Research Methods
Dr Keith Pilling	Chief Examiner Accredited Courses and Qualifications
Professor K Holland-Elliott	Chief Examiner Workplace-Based Assessments (WBA)
Dr Chris Sharp	Sponsorship Co-ordinator (to 17 July 2009)

Principal Advisers

Bankers:	Lloyds TSB Bank plc Great Portland Street Branch PO Box 1000 BX1 1LT	Bank of Scotland International Limited 231-233 New Street St Helier Jersey Channel Islands JE4 8YW
Solicitors:	Hempsons Hempsons House 40 Villiers Road London WC2N 6NJ	
Accountants:	haysmacintyre Fairfax House 15 Fulwood Place London WC1V 6AY	
Auditors:	Kingston Smith LLP Devonshire House 60 Goswell Road London EC1M 7AD	

Reference and Administrative Information

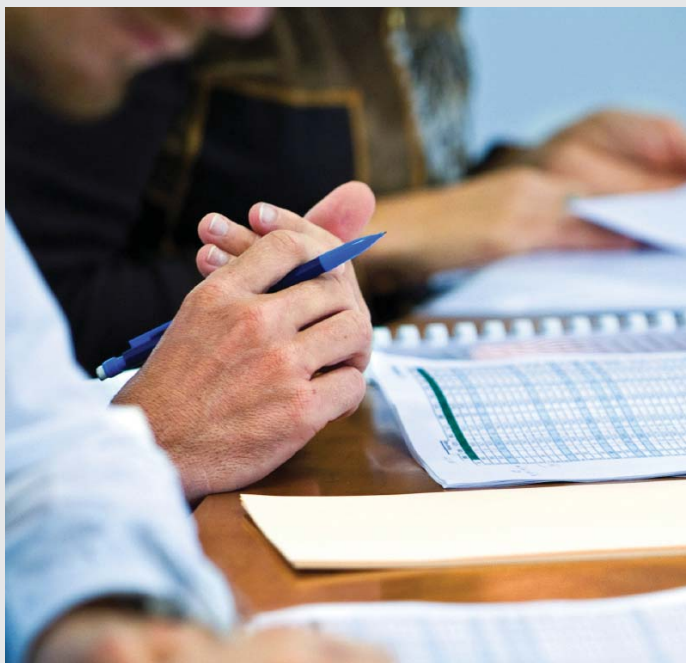
The Faculty of Occupational Medicine was set up under Standing Orders adopted on 1 March 1978 and registered with the Charity Commission under charity number 1035415. In 2008 the Faculty applied for charitable status in Scotland and was entered on the Scottish Charity Register under charity number SC040060. The Faculty's principal address is:

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

The Board of Trustees and executive officers are listed on page 5. Particulars of the Faculty's professional advisers are given above.

The Faculty Board presents its annual report for the year ended 31 December 2009 under the Charities Act 1993 and the Charities Accounts (Scotland) Regulations 2006, together with the audited accounts for the year, and confirms that these comply with current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in 2005.

Structure, Governance and Management



GOVERNING DOCUMENT

The Faculty is governed by its Standing Orders dating from 1978 and last amended in May 2009.

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), one other College representative and the lay members, 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.

New trustees are inducted into the workings of the Faculty through the issuing of a trustee handbook (currently under revision), which includes relevant material from the Charity Commission and Office of the Scottish Charity Regulator, the Faculty's governance, structure, management, strategy and key policies. Trustees are updated through newsletters and through periodic refresher sessions on such topics as the role of trustees.

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 seems desirable. Committees may set up Subcommittees, which in turn may set up Working Groups (for short-term tasks) and Advisory Groups (for longer-term tasks). Each of these defined groups reports regularly to its 'parent' group against the Faculty's annual activity plan and the annual risk assessment carried out by the Board, in accordance with SORP.

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

There are currently three active Subcommittees 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.

The Trustees have referred to the guidance issued by the Charity Commission and the Office of the Scottish Charity Regulator on public benefit when reviewing the Faculty's aims and objectives and in planning future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives they have set.

The Trustees believe that all the work the Faculty undertakes demonstrates a clear benefit to the general public in line with its charitable objects as the Faculty's work seeks to protect and improve the health of people at work.

OBJECTIVES FOR THE YEAR

For the purposes of this report, the objectives for 2009, together with impact reports are set out under the following five headings: promotion of occupational health and occupational medicine; education and training; professional development and standards; membership; and governance, resources and internal matters. Objectives for 2010 are set out on page 27.

Promotion of Occupational Health and Occupational Medicine



Occupational health is a multidisciplinary enterprise, and in 2009 we continued to work closely with other organisations to protect and improve health and well-being in relation to work.

COUNCIL FOR WORK AND HEALTH

It was particularly encouraging to see the newly named Council for Work and Health begin to emerge as a productive force. The Faculty is fully committed to active participation in the Council, which brings together a wide range of professional bodies concerned with health and safety in the workplace. One important project on which we began work in 2009 is a review of training and qualifications for occupational health nurses.

TRAINING ON WORK AND HEALTH FOR GENERAL PRACTITIONERS

In our strategic vision, we recognise that, at least in the short to medium term, advice on work and health for most people will need to come from general practitioners (GPs). It is therefore important that GPs have the necessary understanding of the topic, and to this end we have continued to work with the Royal College of General Practitioners (RCGP) and the Society of Occupational Medicine (SOM) in the development of training, principally online, for GPs who want to understand better how to manage patients with health problems that impact on their capacity to work or that might be caused by their work.

Funding for these initiatives has been provided by the Department of Health (DH) and Department for Work and Pensions (DWP).

OCCUPATIONAL HEALTH CLINICAL EFFECTIVENESS UNIT (OHCEU)

The Faculty continues to work as a partner with the Royal College of Physicians on the support and management of the OHCEU. The unit's work in 2009 included guidelines on shift work in pregnancy and the development of record keeping standards for first consultations for long-term sickness absence. The OHCEU plans to change its name to the Health and Work Development Unit in 2010.

HEALTH FOR HEALTH PRACTITIONERS

Health problems in doctors and other health practitioners can present special challenges. Health professionals may find it difficult to adopt a patient role, and illness in health practitioners may pose a risk to their patients as well as themselves. In collaboration with colleagues in the Association of NHS Occupational Physicians, the Royal College of Psychiatrists and the RCGP, and with funding from the Department of Health, we have begun work on the development of curricula for doctors who care for health practitioners. Our aim is that the curriculum for occupational physicians will then be used in the planning of training workshops.

ENVIRONMENTAL MEDICINE

In September 2009, we convened a meeting of senior practitioners in environmental medicine together with representatives from other Royal Colleges and Faculties that have an interest in this area. Participants identified various ways in which Colleges and Faculties might work together more effectively to promote good practice in environmental medicine. In particular, there may be scope for quality assurance and endorsement of training programmes provided by the Health Protection Agency. These options are now being explored further.

CONFIDENTIALITY AND CONSENT FOR MEDICAL REPORTS

Occupational physicians have professional obligations to both employees and employers, and there can sometimes be tensions between the two, which require careful consideration. To help with this, the Faculty has its own Ethics Committee, which publishes widely used guidelines. In 2009, the General Medical Council (GMC) published new guidance on confidentiality and consent for reports, including to employers, setting out expected practice in more detail than previously. Following on from this, the Faculty has consulted with the GMC to clarify the new guidance, and in February 2010 published its own revised guidance.

PANDEMIC FLU

The Faculty published a timely document on pandemic flu in April, as the concern about the outbreak was emerging. This offered guidance to employers on how to prepare for pandemic flu and how to respond, should their workplace be affected.

OBJECTIVES FOR 2009

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Continue work on occupational health awareness for GPs and other specialists
- Develop the Faculty's vision of how occupational health care can best be delivered at national level
- Continue to work with multidisciplinary groups to improve the health of the NHS workforce
- Seek opportunities to promote the specialty to medical undergraduates, including emailing medical students, through medical schools, to draw to their attention occupational medicine as a career; developing website profiles of occupational physicians; and developing the new bank of training materials in occupational health
- Seek to publish articles to promote occupational health awareness
- Seek opportunities for continued joint working with the Society of Occupational Medicine (SOM)
- Improve links with the Confederation of British Industry (CBI), Trades Union Congress, Health and Safety Executive (HSE), Health Protection Agency, Department of Health (DH), Department for Work and Pensions (DWP), the Postgraduate Medical Education and Training Board (PMETB) and other Colleges and Faculties
- Liaise with chief medical officers (CMOs) of major companies to improve links between the specialty and industry
- Re-design the website with improved information for the public, employers and employees, as well as members, subject to funding. If such funding is not available, undertake a limited website review
- Seek to improve communications and increase press coverage
- Complete project to develop standards and a system of voluntary accreditation for occupational health providers; plan and implement the next steps eg promulgating standards and encouraging accreditation
- Explore the scope for further collaboration with occupational medicine institutions in Europe

IMPACT

- The President has liaised closely with the National Director for Health and Work, the Chief Medical Adviser of DWP and other senior Government figures. The Faculty has developed standards for occupational health services, as recommended in the Black Review
- Funding has been secured to translate the GP education modules developed in 2008 into a DH e-learning programme and work on this has started. A project to create a health and work web portal for GPs is being developed in conjunction with RCGP and SOM. Further work is envisaged to extend the e-learning format to other specialties, and funding for this is being discussed
- The membership has been consulted about a draft national strategy on occupational health services. Feedback was considered at a Board away day and plans are underway for wider consultation
- A further meeting of an expert group on occupational health in the NHS was held and this contributed to the commissioning of a major review of NHS staff health and well-being. The final report of this review, led by a Faculty Fellow, Dr Steve Boorman, has now been published, and its recommendations accepted by Government
- Work on building a database of contacts in medical schools and on creating website profiles is underway. The bank of training materials for undergraduates has been reviewed and edited
- The President published an article on consent to medical reports in *Occupational Health at Work*. Three articles were published arising out of work by the Occupational Health Clinical Effectiveness Unit, on long-term sickness absence, back pain and depression screening. This was in addition to the publication by OHCEU of three evidence-based guidelines and two national audit reports
- Close liaison with SOM has continued throughout the year, with a focus on joint action where possible. This has included joint responses to consultations and also a joint conference on confidentiality in Manchester, a meeting with the General Medical Council, and follow-up action for members, on the newly published confidentiality guidance. A joint press release was orchestrated with SOM in relation to the Black Review
- Links were established with the CBI, through an initial meeting attended by a Board member and the Chief Executive; regular meetings will now be held. In collaboration with the HSE Chief Scientist, an initial meeting was held on the future of applied research, including academic occupational medicine, and follow-up actions were agreed. Numerous meetings have been held with senior DH and DWP officials. Reports have been sent as required to PMETB and a face-to-face meeting held in January 2010. The Faculty is in regular contact with other Colleges and Faculties through the Academy of Medical Royal Colleges and the Chief Executive Officers Group
- A meeting was held with CMOs of major companies and it was agreed that they should be held on an ad hoc basis
- Funding has been secured for the website and planning for the new site is in the early stages
- The occupational health press is routinely invited to conferences and was invited to the launch of the standards for occupational health services in January 2010 resulting in significant coverage. Some joint press releases have been organised with SOM
- The standards have been completed, following extensive consultation with a multidisciplinary and multi-agency stakeholder group. A scoping exercise on the options for accreditation is being undertaken, with a view to developing a system during 2010
- The Faculty's representative on the European Union of Medical Specialists (UEMS) drew up a report for the Board's consideration. In addition to this the Faculty held its annual liaison meeting with the Faculty of Occupational Medicine, Ireland

Education and Training

ASSESSMENTS AND SPECIALIST TRAINING

2009 represented the third year of implementation of a new curriculum and revised assessment methods for higher specialist training, and was marked by solid progress and consolidation. In 2007 plans were laid for the old single centrally administered examination (AFOM – Associateship of the Faculty of Occupational Medicine) to be replaced by a two-part Membership examination. And by degrees, since then, new on-the-job workplace-based assessments (WBAs) of trainees' performance have been introduced, assessment procedures for the research dissertation revised, and a new set of underpinning Membership Regulations written. In 2008, the first sitting of the new Part 1 MFOM (Membership of the Faculty of Occupational Medicine) examination was staged, and in 2009 further preparations were laid for the Part 2 MFOM examination.

For the most part the transition has been a smooth one. The Part 1 examination has performed in line with expectations; the assessment timetable for dissertations, although occasionally uneven, has tended to shorten; feedback on WBAs has been mostly positive; the new Regulations have bedded in uneventfully, although further minor changes lie ahead; and plans are on track to complete the cycle in 2010 with the launch of the Part 2 examination.

Several educational events have been staged in support of these activities. A stakeholders' training day on WBAs, held in Birmingham in June, incorporated a role-play actor and trainee 'guinea pig'. The event was videoed with the aim of developing model teaching and standard-setting materials (eg how trainers offer constructive feedback, examples of exemplar and less good trainee performance). Funds have been secured from the Department of Health (DH) that will support on-going development of materials. Also, early in 2010, fulfilling another 2009 objective, the Faculty staged a well-attended and very well received stakeholders' dissertation training day. During proceedings, trainees presented their research proposals for workshop discussion, with input from trainers, assessors and members of the Academic Forum. The demand for such events is high, and the Faculty intends further work in this area, one possibility under consideration being to hold a training day for dissertation assessors. Piloting is also underway concerning the role of external assessors of WBAs, with 14 Faculty appointees presently covering 35 trainees across various regions.



An area of major effort in 2009 concerned preparations for the Part 2 MFOM examination. The workload has been such that no less than four Working and Advisory Groups have been engaged – the old AFOM Advisory Group assuming overall charge, but with subgroups each separately working on the three elements of assessment (the Multiple Choice Question (MCQ) paper, the Modified Essay Question (MEQ) paper, and the Observed Structured Practical Examination (OSPE)). Banks of questions are being laid down; there has been piloting among trainee volunteers and examiners; examiners' familiarisation and training days have been planned (for February and September 2010); elements and model scoring of the OSPE have been debated and refined; examination-specific regulations and guidance are being drafted; and plans are being laid, with advice from an educational psychometrician, to set appropriate pass standards (those for the MEQ and OSPE are likely to be based on a peer-referenced approach called the Borderline Groups or Limen-Referencing Method). Much further work will be needed in 2010 in these areas, but the aim is to share fully worked guidance with stakeholders some six months ahead of the examination's first sitting, scheduled now for the autumn of 2010.

TRAINEE RECRUITMENT

One rather disturbing feature of 2009 was an apparent fall off in specialty trainee (StR) recruitment. Getting accurate and timely information has proved challenging, as the Faculty no longer approves training posts and learns of new appointments only after a delay of several months. However, 2008 was a bad year for recruitment and 2009 was too. Against a long-run average of about 27 MFOM awards per year (since 2000), 26 StRs were recruited in 2007, but only 18 in 2008, and the year-end tally in the Faculty's database – with its artefact of lagged reporting – put the 2009 figure at 11. Regional Specialty Advisors were contacted to obtain more up-to-date statistics and these suggest an intake closer to that of 2008, but still well below the norm. Reflecting concerns about the problem, the Board staged an away day workshop on recruitment in October, at which invited stakeholders analysed underlying factors and proposed potential solutions, some of which have fed into strategic objectives for 2010.

StR recruitment in 2009 was conducted locally, in contrast to the less flexible centralised NHS process dictated by DH in 2008. However, the DH continues to favour central recruitment, the Faculty continues to lobby for local flexibility, and 2010 may see a mixed model in operation. The Faculty's Specialist Advisory (Sub)Committee (SAC) introduced a new assessment tool in 2009, which will underpin common standards in recruitment wherever this happens.

In 2009, liaison meetings were held with the Lead Dean and the London School of Occupational Medicine. Also a survey of deaneries was organised to establish the level and organisation of funding support to trainees attending educational events.

APPEALS PROCEDURES

Appeals against examination results have become increasingly common, for the Faculty as for all Royal Colleges. A review of procedures in 2009 identified scope to manage affairs more efficiently, as well as making the process more transparent and improving advice to candidates who incur exceptional personal circumstances around an examination date or wish a disability to be accommodated. The new rules, which will be implemented in 2010, detail the various steps and expected time scales and outcomes, clarify the potential grounds for appeal, and introduce a new fee structure to ensure that associated costs are equitably met.

MFOM OUTWITH UK SPECIALIST TRAINING

Changes to the 2008 Membership Regulations made it possible, for doctors outwith the specialist training programme to apply for MFOM, subject to strictly defined equivalency rules of qualification and training and/or experience, although of itself this will not confer eligibility for UK specialist registration. In 2009, the Faculty received its first such application.



EXTERNAL RELATIONS

Previous annual reports have referred to the external pressures which have shaped specialist training and recruitment. These continue to be felt, although the Faculty's policy is to resist change for change's sake, unless the benefits are clear and proportionate.

One example in this respect is the steady flow of bids to amend the training curriculum. Output from the Academy of Medical Royal Colleges (AoMRC) in 2009 included proposals on medical leadership, management skills, health inequalities, and patient safety. The SAC monitors these advisory suggestions in case important new points come to light, but has generally adopted a conservative stance, mindful of the major upheaval that curriculum revision brings in a small specialty.

External pressures also arise from the regulator of postgraduate medical education, the Postgraduate Medical Education and Training Board (PMETB). In 2009 these included a requirement to produce a "state of the nation" Annual Specialty Report containing examination data and a commentary; and to submit a formal "Review of the Specialty or Subspecialty Curriculum and Associated Assessment System". This last report, which ran to almost 100 pages, laid out the Faculty's whole curriculum and assessment system and described its compliance with 17 standards and sub-standards expected in specialist training; it was the subject of a panel review in early 2010. The Faculty retains a constructive relationship with the regulator and continues to meet its requirements and respond, through the AoMRC, on consultation topics within the regulator's purview.



TRAINING IN PRIMARY CARE

2009 saw the completion of a free introductory training package for primary care on health, work and well-being issues. The initiative was led by the Faculty, with representation from the Royal College of General Practitioners (RCGP) and the Society of Occupational Medicine (SOM) with financial support from the Department for Work and Pensions (DWP). Its end product was designed for online distribution, and a grant has since been secured from DH to embed it within *e-Learning for Healthcare (eLfH)*, DH's programme of online training for the healthcare profession. Work is ongoing to launch the product in 2010, and it seems likely that, with Government funding, a similar product will be rolled out to secondary care practitioners.

In a separate but related initiative, the RCGP, with support from the Faculty and SOM, has obtained DWP funding to develop a learning and enquiries portal on health, work and well-being for GPs. The model is to be based on an existing website ('Healthy Working Wales'), to economise on effort and ensure a consistency of message, and will be called 'Healthy Working UK'. The work will be taken forward in 2010.

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE AND HEALTH

The Faculty continued to support this multidisciplinary Forum, chaired by Professor Sir Mansel Aylward. The Forum acts independently, but also supports the Faculty in its academic work. In 2009, the Forum's discussions included: succession planning in the academic community; *Tomorrow's Doctors*; undergraduate teaching; postgraduate qualifications; and education for GPs.

The Faculty is indebted to its members, staff and officers for their wholehearted and generous support for education and training in 2009. A list of all those who have examined for the Faculty or acted as external workplace-based assessors during the year is included at Annex 2 of this report and thanks are due to all of them for their expertise, time and support to the Faculty during 2009 and also to all those who have participated in the dissertation process, from reviewing protocols to assessing the final dissertations. As always in education and training, much work remains to be done. We welcome your continuing assistance over the coming year, and invite new members with an interest to contact us and share in the effort.

Further details of the Faculty's Education and Training programme can be found on the Faculty website at: www.facocmed.ac.uk/edtrain/index.jsp.



OBJECTIVES FOR 2009

- Effect a smooth implementation of the new curriculum
- Develop and pilot the Part 2 Membership (MFOM) examination and prepare for its administration (to include OSPE (Observed Structured Practical Examination) training for examiners and developing question banks for each examination component)
- Implement, review and audit revised arrangements for the dissertation
- Offer at least one training event to assist trainees preparing for the dissertation; develop resource information that would help them (eg, a list of Members prepared to be academic advisers)
- Regional Specialty Advisers (RSAs):
 - Continue to improve the support to RSAs
 - Seek ways of making RSA appointments more 'attractive' to encourage more applicants when posts become vacant and to develop future RSAs
 - Clarify the RSA relationship with regional deaneries
- Regional deaneries:
 - Continue the drive to ensure that occupational medicine is represented appropriately within regional deaneries
 - Improve communication (both ways) between deaneries and the Faculty
 - Improve the communication and links with the deanery occupational medicine Specialty Training Committees
- Maintain good communication links with PMETB, Managing Medical Careers and the Academy of Medical Royal Colleges (AoMRC) Specialty Training Committee (STC)
- Continue to develop appropriate recruitment and selection strategies that are tailored for occupational medicine applicants

- Ensure the new model of the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly
- Promote the educational and competency frameworks in occupational health for GPs developed in 2008 and consider opportunities for other work with GPs at various levels
- Undertake the necessary development work to comply with PMETB training standards 8, 10, 12, 13 and 16
- Pilot the role of external assessors in workplace-based assessments (WBAs) and begin to evaluate WBA tools
- For Trainers/Educational Supervisors, continue to develop, publicise and support the training arrangements for the new curriculum
- Support the Academic Forum for Occupational Medicine and Health
- Run an Annual Scientific Meeting, and two other conferences, with a view to one being run in Scotland
- Consider how to enhance connections with environmental medicine through, eg a conference, support/services for doctors in environmental medicine

IMPACT

- Work continues on curriculum implementation on many fronts, including a major review of curriculum, assessment systems and standards for the PMETB
- Three working groups have been established and have been developing the three sections of the Part 2 MFOM examination. Piloting and examiner training took place in February 2010
- The arrangements for the dissertation have been reviewed and improved



- A training event on dissertations took place in January 2010
- Meetings were held with the RSAs in May and November. The value placed upon such appointments in the award of Fellowship has been emphasised in revised guidelines on criteria for Fellowship
- In 2009 there have been two meetings with the Lead Dean and with the Head of the London/KSS (Kent, Surrey and Sussex Deanery) Specialty School of Occupational Medicine. The latter post is a joint deanery/Faculty appointment. This is the only occupational medicine school to have been established this far. A survey of deaneries was undertaken to find out what support is offered to occupational medicine trainees and to ask about funding arrangements
- The Faculty is in regular contact with PMETB, submitting reports, in compliance with PMETB quality assurance requirements. The Director of Training is a member of the AoMRC STC. The Director of Assessment is a member of the AoMRC Assessment Committee
- Board members, the Head of the London/KSS Specialty School of Occupational Medicine, the Lead Dean and others continue to monitor developments in recruitment and to make interventions where necessary with a view to advocating strongly for local recruitment systems. A standardised recruitment pro-forma has been developed and piloted
- Further work on the HAVS qualification has been done but not completed owing to a change of personnel. There are plans in the system to complete this change in 2010
- Funding has been secured to translate the GP education modules developed in 2008 into a DH e-learning programme and work on this has started. A project to create a health and work web portal for GPs has been funded and is underway, in conjunction with the Royal College of General Practitioners (RCGP) and Society of Occupational Medicine. There is regular liaison with RCGP
- The work required in relation to standards 8 and 12 comprises piloting the new elements of the MFOM examination and additional exercises in standard setting, plans for which were laid in 2009 (some aspects of standard setting make use of the examination scores themselves, and so the work will be completed in 2010). Standards 10, 13, and 16 relate to examiner training, record keeping, and lay involvement in training, and in 2009 the Faculty checked and documented that its approaches were compliant
- Piloting the role of external assessors in WBAs is underway, with 14 assessors presently covering 35 trainees from various regions. Feedback about WBA tools was sought from a stakeholders' workshop in June 2009
- Several training events related to implementation and standard setting in WBAs have been staged and videoed (the intention being to develop model training materials). The Faculty is supporting an AoMRC-based funding proposal to develop online training via the DH's eLfH (*e-Learning for Healthcare*) programme. Material changes are communicated by newsletter and question and answer sheets
- The Faculty continues to support the Academic Forum, primarily through secretarial support, but also the hosting of meetings and two-way communication
- The Annual Scientific Meeting was held in May. The plan for a conference in Scotland proved not to be feasible. Two conferences were held: *Confidentiality and Consent* in Manchester in October; and *Risky Business* in London in December
- A meeting of those Colleges and Faculties with an interest in environmental medicine was held and discussion included gaps in training and credentialing. Application has been made to the AoMRC for funding for a second meeting

Professional Development and Standards

PARTICIPATION IN THE FACULTY'S CONTINUING PROFESSIONAL DEVELOPMENT (CPD) SCHEME

For the 2008 CPD year there were 502 returns submitted, a significant increase on the 459 returns the previous year. Of these 485 were from Members or Fellows working in the UK which represents almost 80% of the possible 614. Compared with 67% in 2007 and 74% in 2006, this is a gratifying result and indicative perhaps of the realisation that revalidation is getting closer.

2001	2002	2003	2004	2005	2006	2007	2008
257	292	340	368	416	435	459	502

The CPD audit scheme has been subtly changed to ensure that all participants will be invited to submit evidence to support the CPD points claimed. In 2009, 100 members were approached: one has recently retired, and two have been postponed for a year due to ill health. The remaining 97 all submitted their evidence.

REVALIDATION

The Faculty continues to aim to represent the best interests of its members by endeavouring to ensure that the demands of revalidation are proportionate and will not disadvantage any particular group. This poses particular challenges in relation to occupational physicians working outside large medically managed organisations and a major achievement has been the incorporation into draft legislation of a requirement for the Faculty to appoint its own Responsible Officer (RO). This will allow the Faculty to provide a service to the large number of members who would otherwise struggle to identify a suitable RO.

A further key achievement has been the funding by the Academy of Medical Royal Colleges of an electronic CPD diary. It is anticipated that it will be hosted by the Royal College of Physicians and make recording and summarising CPD and recording reflection more straightforward and remove the requirement to submit an annual paper summary. New CPD guidelines have been developed in response to the changes required for revalidation and will be introduced at the same time.



Professor David Coggon, Dame Carol Black and Dr Paul Nicholson launch the standards for occupational health services

One of the major roles of the Medical Royal Colleges and Faculties in revalidation has been the development of specialty specific standards. These have been refined with considerable input from the membership and the final version has been agreed by the General Medical Council. These, together with wider guidance on revalidation, have been incorporated into a handbook for members which will help to guide them through the process as it is introduced. The next stage in the Faculty's progress towards revalidation will be to pilot the model that has been developed, which is planned for 2010/11.

Further information on revalidation can be found on the Faculty website at: www.facocmed.ac.uk/cpd/reval.jsp.

OCCUPATIONAL HEALTH SERVICES STANDARDS FOR ACCREDITATION

Across the healthcare sector in general there has been a growing recognition of the need to drive continuous improvement in the quality of services, by assessing quality of service against standards. The report, *Standards for Better Health* (2006), set out the need for a rigorous approach to assessment and accreditation of providers of National Health Service (NHS) services. Lord Darzi's *High Quality Care for All: NHS Next Stage Review* (2008) confirmed Government support for provider accreditation schemes in the NHS.

Dame Carol Black's review *Working for a Healthier Tomorrow* (2008) advocated clear standards of practice and formal accreditation of all providers who support people of working age.

Accordingly, in August 2008 the Faculty of Occupational Medicine invited stakeholders to join a working group to develop standards and a system of voluntary accreditation for occupational health services in the UK. Stakeholders



included representatives from occupational medical and nursing professional bodies, commercial occupational health providers, employer and worker representative bodies and Government departments and regulators.

Draft standards were published, consulted upon and amended, and the final standards document was launched in January 2010, this being one year ahead of the planned launch of the accreditation scheme, which will be developed during 2010. The purpose of this was to permit occupational health services to acquaint themselves with the standards and start to put systems in place to collect the evidence required for the accreditation process.

ETHICS COMMITTEE

There were a number of changes to the composition of the Ethics Committee towards the end of the year. Hugh Robertson and Tammie Daly both stood down after 5 years and replacements are being sought. Vacancies for a legally qualified member and a Diplomate were advertised and, from a strong field of candidates, Diana Kloss and Berend Rah were appointed. Work on the 7th Edition of the Faculty Guidance document will shortly begin in earnest and, with that in mind, a technical secretary was sought and Naomi Brecker has been appointed. Sue Hunt, who was technical secretary for the 6th Edition, has agreed to remain on the committee to contribute her expertise and that appointment, like all the others, has been confirmed by the Faculty Board.

In October 2009 the General Medical Council (GMC) published new guidance on Confidentiality which includes the injunction that doctors should offer to show or give a copy of any report for employment purposes to a patient before it is sent. The Faculty and the Society of Occupational Medicine (SOM) had expressed reservations about this clause during the GMC's consultation but it was nevertheless

published unamended. Many occupational physicians were concerned about both the practicalities of implementing the guidance and the perception that it would lead to increased levels of withdrawal of consent where an individual disliked the opinion offered. Discussions with the GMC were held, in collaboration with the SOM, and joint Faculty/Society guidance for occupational physicians was published as quickly as was practicable. The Ethics Committee redrafted articles 3.37 – 3.40 of the 6th Edition guidance in the light of the GMC document and the revised text was approved by the Board and published in February 2010. A significant number of enquiries were received about these changes, in addition to the routine enquiries normally dealt with by the committee. Consequently, a list of frequently asked questions and answers was posted on the Faculty website to help occupational physicians navigate some of the practical issues encountered and these will be revised and updated periodically.

Work on the 7th Edition of the Faculty Guidance has commenced and it is intended that the new document will be published during 2012. Suggestions for producing the document in web format rather than (or as well as) as a printed document are being considered as are publishing it in modular form and combining it with *Good Occupational Medical Practice*. The direction of the Board is awaited on these matters. The process for creating the revised guidance will follow the tried and tested route of assigning sections to a lead author but it is hoped to get broader input to the draft document than just the members of the committee by creating a Reference Group of those with an interest in the subject. Faculty members, and others, who might like to assist in this way are invited to put their names forward to the Secretariat.

OBJECTIVES FOR 2009

- Actively participate in developing revalidation through the work of the Academy of Medical Royal Colleges (AoMRC) Revalidation Development Group (RDG) and its various working groups
- Take up opportunities for funding from the AoMRC for Continuing Professional Development (CPD) and revalidation
- Develop a model for revalidation in occupational medicine that minimises the additional bureaucracy and cost to members whilst being sufficiently robust to satisfy the requirements of patients, members and the General Medical Council (GMC)
- Introduce an online CPD diary that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel to the current paper-based system to give members a choice, but with the aim of migrating to an online-only system within a few years
- Audit all CPD returns on a rolling five year basis (replacing the current random audit)
- Develop standards for revalidation in occupational medicine based on the GMC's generic framework, which will be incorporated into a GMC book on specialty standards for revalidation
- Develop materials for workplace-based assessments for potential use in revalidation
- Develop proposals to pilot revalidation for Faculty members, as appropriate
- Work with other Colleges/Faculties to develop existing tools for workplace-based assessments to use in revalidation where required
- Develop a scheme for providing a Responsible Officer (RO) function for members working outside a designated managed organisation
- Encourage members to participate in appraisal and CPD by providing regular updates on developments in revalidation
- Publicise the availability of CPD scheme on request to non-members



IMPACT

- The Director of Professional Development and, when appointed mid-year, the new Head of Professional Standards have attended the main AoMRC RDG regularly as well as sub-groups on remediation, e-portfolio and CPD
- Funding has been secured from the AoMRC for the development of CPD online and for communications. An application for funding for an e-portfolio has also been approved and a further application for running a revalidation pilot is to be submitted in March 2010
- A position paper on revalidation has been published. A revalidation guide has been drafted and is being considered by the Professional Development Subcommittee before being placed on the website for consultation
- Funding has been secured and an agreement made with the Royal College of Physicians (RCP) to develop the software for an online CPD system. Progress has been delayed by the requirement to first update the RCP programme to make it compatible with the developing revalidation processes but it is hoped that it will be ready in time to pilot in the first half of 2010. A new,



revalidation-ready CPD framework has been developed, which will be introduced at the same time

- The audit system has switched to a rolling five year basis. 100 members were invited to submit returns. 97 did so, one had retired and two were deferred until the following year for health reasons. Proposals are being developed to improve the efficiency of the 2010 audit
- Specialty specific standards for revalidation have been developed, consulted on and approved by the GMC. An accompanying revalidation handbook is also available through the Faculty website
- The first draft of a model training video was prepared during a workplace-based assessment (WBA) workshop in Birmingham in June 2009. A budget has been provided to extend this work in 2010. Structured feedback from workshop attendees is aiding the refinement of these tools
- Discussions have been held with two other faculties with a view to piloting revalidation jointly. An outline proposal for funding has been submitted to the AoMRC

- The Director of Assessment participated in the AoMRC Assessment Committee work and meetings on WBAs. The Faculty is adopting the standard proposed in 2009 in an Academy document on the topic
- Discussions on ROs have been held with the Department of Health (DH) and other faculties and draft legislation requires the Faculty to appoint an RO. Preliminary plans are being drawn up to pilot revalidation in occupational medicine, including the RO role
- Members have been reminded of the importance of CPD and have received regular updates on revalidation progress
- Information on CPD for non-members is available on the website



Membership

Occupational health is experiencing a high profile and occupational physicians are much in demand. Occupational medicine is a relatively small specialty in the UK, with fewer than 1000 working occupational physicians, 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. With regard to growing the specialty, the Faculty now exhibits regularly at careers fairs and is also working to encourage the teaching of occupational health in medical schools. In 2009, we exhibited at the National Exhibition Centre, Birmingham, in February and at the London BMJ (British Medical Journal) Careers Fair in October; members also used the Faculty exhibition at local careers events.

There has been concern about a perceived reduction in occupational medicine trainee posts in both the NHS and in the private sector, and also about low numbers of applicants for those posts. In October the Board and Executive Committee devoted their away day to reviewing trends in recruitment into specialty training and to proposing actions to increase both numbers of posts and applicants. These actions include exploring the feasibility of: raising the profile of occupational medicine in medical schools; offering placements for undergraduates and doctors in foundation year training; creating a lead dean for training in the private sector; seeking deanery subsidies for private sector training; addressing the lack of pay parity between trainees in occupational medicine and those in other specialties; and developing dual qualifications.

With regard to the Faculty’s membership criteria, it had been argued that it was inappropriate that doctors who trained outside the UK and yet who were registered as occupational medicine specialists in the UK with the General Medical Council were able only to affiliate to the Faculty. At the Annual General Meeting in May 2008, the membership agreed to change the Standing Orders so that Membership *ad eundem* should be offered to such occupational physicians. We have now admitted ten new Members via this route.

MEMBERSHIP NUMBERS AT THE YEAR END

Honorary Fellows	87
Fellows	336
Members	449
Associates	243
Specialist/Specialty Trainees	115
Affiliating Diplomates	532
Life members	73
Total	1,835

Members continue to benefit from receiving the Faculty's adopted journal *Occupational and Environmental Medicine*. The journal's impact factor has continued to rise, standing at 3.302 in 2008, and it is the only occupational health journal among the top 20 journals covering public, environmental and occupational health. A wide range of topics was covered in 2009, including: infection risks amongst sewage-workers; landfill sites and birth abnormalities; work-related respiratory health effects among bakery workers; the effects of living close to a main road on asthma and other diseases; and shift-work as a risk factor for increased total cholesterol levels.

The Wilf Howe Memorial Prize for innovative practice was awarded to Dr Trevor Smith for his work on bakers' asthma and rhinitis in the milling and baking industry. Our thanks are due to Mrs Lyn Howe for her continued support of this prize.

Mobbs Travelling Fellowships were awarded to Dr Adenrele Adeodu, to travel to South Africa to present the findings of his MSc/MFOM dissertation; to Dr Naomi Brecker to work on a project in India to raise the profile of occupational health; and to Dr Eugene Gaal to visit Austria to evaluate occupational health initiatives in small and medium enterprises. These fellowships were established through the generosity of Sir Nigel Mobbs and continue to be supported by Corporate Health Ltd, which is greatly appreciated.

OBJECTIVES FOR 2009

- Attend at least one medical careers fair
- Review ways of improving services to affiliating diplomates
- Post on website summaries of proceedings of the Board
- Ensure that Faculty activities fully embrace all four UK countries
- Explore the scope for a joint meeting in Northern Ireland with the occupational medicine group/health community in Ireland
- Board members to take opportunities to seek feedback from members on Faculty services

IMPACT

- The London BMJ careers fair was attended by staff and members and the exhibition loaned to members for careers activities
- A review of services to affiliating diplomates was not pursued owing to competing priorities but will be a priority for 2010
- A Board member has taken on responsibility for drafting summaries of Board meetings
- Although plans for a conference in Scotland were not realised, plans are now in hand for a conference in 2010 in Newry, to encompass both Northern Ireland and the Republic. Information pertaining to developments in Scotland has been promulgated to members. There is close liaison with Wales on the GP work. The summer Board meeting was held in Cardiff
- The Northern Ireland conference, being planned in partnership with colleagues on both sides of the border, is on 'Promoting positive mental health in health professionals' and is scheduled for October 2010
- Plans are being discussed to establish individual Faculty email addresses for all Board members

Governance, Resources and Internal Matters



RESOURCES

The Faculty was successful in making a number of funding applications which has resulted in some important pieces of work being progressed. The Department of Health gave financial support to the Faculty for: developing its new curriculum and promoting the specialty; translating health and work training materials for GPs into an e-learning format; and the publication of the newly developed standards for occupational health services.

Funding was also received from the Academy of Medical Royal Colleges for the development of a new online Continuing Professional Development system and to support communications about revalidation.

STAFFING

In view of increased responsibilities concerning revalidation and education, the Faculty commissioned a review of its staffing requirements in early 2009. The resultant recommendations encompassed a changed structure, a re-shaping of most roles and two extra members of staff. The changes were approved by the Board and fully implemented by the end of the year. The Faculty, which has hitherto run with support from only a very small staff group, now has ten staff and is significantly better equipped to meet the increasing demands being placed upon it.

ACCOMMODATION

The Faculty has, since its inception, occupied offices within the precinct of the Royal College of Physicians. Its lease is due to end in December 2010 and so towards the end of 2009, a search for new offices commenced.

OBJECTIVES FOR 2009

- Seek funding from new sources in order to be able to expand staffing to meet new demands, with a view to improving office efficiency
- Implement outcome of review of staff roles and workloads
- Draw up premises plan for 2010 when lease terminates
- Actively market publications and examinations

IMPACT

- Funding has been secured from the Department of Health
- A staffing review was undertaken. Its recommendations were agreed by the Board and have been implemented
- The Faculty is actively seeking alternative premises for post-2010
- Flyers for publications have been distributed through conference packs. More systematic distribution and magazine advertising are being considered for 2010

Finance Review

The information in this 2009 Review is extracted from the full Financial Statements audited by Kingston Smith.

2009 was a financially sound year for the Faculty. The budget was for a modest £2,000 surplus and this has been exceeded. Also, the Faculty's investments bounced back, justifying confidence in persisting with the policy which had been successful in earlier years.

The Faculty's membership remains steady at just over 1800, including over 600 working-age specialists and over 300 working-age Associates. This static membership is a matter of concern to the Treasurer and Board, as it is associated with a reduction in specialists in training and a reduction of potential income as a result of changes to our examinations. This is due to the loss of the examination for Associateship of the Faculty (AFOM) as a standalone examination as well as being part of the qualification for Membership (MFOM).

On a more positive note, grants and other activities continue to contribute to the income of the Faculty.

In October 2009 we welcomed Katie Harris as our Head of Finance and Membership, who continues to operate tight financial controls and processes that help manage expenditure effectively. This has included introducing a monthly management accounting system established at the end of 2009 which allows closer monitoring for income and expenditure against budget.

Once again our auditors Kingston Smith LLP have accepted the Faculty's financial management and systems of internal control.

SPONSORSHIP AND GRANTS

The last year was again difficult for all enterprises and the immediate future seems set to be more than challenging. The Faculty's needs did not necessarily score high on the discretionary spends of potential sponsors. However, we were able to obtain some very significant grants for curriculum development, standards for occupational health services, continuing professional development, revalidation activities and e-learning for GPs and we are very grateful to the organisations below for providing support to these projects:

Academy of Medical Royal Colleges
Department of Health



We are also most grateful to sponsors Serco and Atos Healthcare for their support of the Faculty's 30th Anniversary celebration at the House of Lords in March 2009.

FINANCIAL REVIEW FOR 2009

Last year the Treasurer reported an 'apparent loss' of £22,750 on the year because, although there was a healthy operating surplus, the fund balances were reduced by the losses on investments, due to the economic environment. This year the Faculty reports a stronger financial position, which is a significant achievement in the current financial climate. The Faculty's operating income has increased by £381,723 to £1,162,847. This has resulted in a significant operating surplus of £256,887, which, combined with the recovery of investments, has given the Faculty an increase in its fund balances of £338,118. However, it should be noted that this operating surplus is largely made up of one-off sums of money which are designated or allocated to planned work, and that the Faculty must still take a cautious view about its long term income and expenditure plans. Costs also increased by £208,456 to £905,960. This included increased expenditure on qualifications, training, revalidation, conferences and events, and two new staff posts, required to improve our service to members and consequently, and more importantly, the public, in accordance with our charitable aims.

The Faculty's charitable expenditure for 2009 was £826,321 which equates to 91% of expenditure. Within General funds,

the Faculty's free reserves increased to £386,981 at the year end which, whilst constituting a modest increase of £1,617, represents only 36% of planned expenditure for 2010. Reserves will continue to be monitored by the Trustees. The Faculty cannot therefore be complacent and still needs to continue to build on its free reserves to maintain the six months expenditure as set out in the reserves policy.

ACCOMMODATION REVIEW

Over the past year we have continued to look at a number of potential options for accommodation, since our lease in St Andrews Place runs out in 2010, and have concluded that a move from London would not be practicable. We are therefore actively seeking new premises and also talking with the Royal College of Physicians, Academy of Royal Medical Colleges, Faculty of Pharmaceutical Medicine, as well as colleagues in the Society of Occupational Medicine and British Occupational Health Research Foundation, to identify whether there are any potential alliances which might assist in securing future accommodation.

Our vision remains a modern or modernised, practical office that will provide significant benefit to the Faculty and its members. The current global financial situation has had a significant effect on the current property market so that we are able to pursue a number of rental options but a purchase or even partial purchase of a lease appears unlikely to be practicable.

INVESTMENTS

The market value of our investments has increased by £81,231 although we have seen a significant drop in interest from our cash in bank accounts. The Board has agreed to a plan at this time to reduce our Schroders Charity Equity Funds holdings as we consider our options for accommodation in 2010.

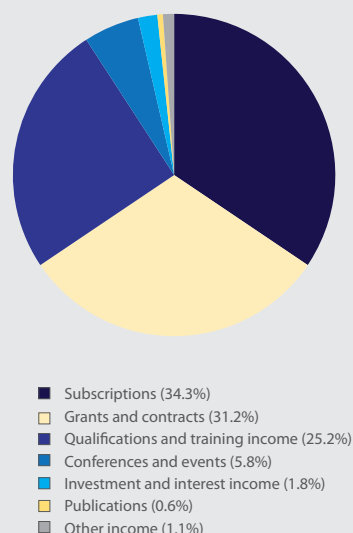
BUDGET 2010

In line with our work plans for 2010, the Board has budgeted for a very small operating surplus of £25,000. The Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans. In the meantime the Trustees remain cautiously confident that the strategic aims of the Faculty are being matched by appropriate levels of funding. The Faculty is in a healthy position and in good shape to support the development and implementation of

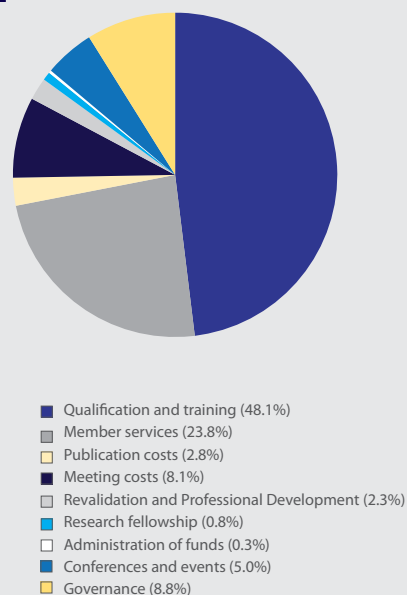
revalidation but with some significant financial challenges in the future. We will continue to strive to increase income from sources other than membership fees. We expect in the next financial year to secure new premises that will support our development over the next 5-10 years.

Finally, the Trustees wish to thank the staff, Nicky Coates and Frances Quinn and latterly Katie Harris 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.

INCOME



EXPENDITURE



Objectives for 2010

PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

- Continue to work with Government to raise the profile of occupational health and to contribute to and develop health and work projects
- Continue work on occupational health awareness for GPs and other specialists
- Develop the Faculty's vision of how occupational health care can best be delivered nationally
- Monitor trends in recruitment of specialist trainees and lay appropriate plans
- Seek opportunities to promote understanding of work and health to medical undergraduates
- Improve impact at careers fairs
- Develop a section on the website with profiles of occupational physicians, to promote occupational medicine to undergraduates
- Email medical students, through medical schools, to bring occupational medicine as a career to their attention
- Promote and develop the bank of training materials in occupational health for medical undergraduates
- Assess how many occupational physicians are needed in the UK, to underpin the trainee retention/expansion case
- Explore the case for:
 - Offering electives/placements/visits to undergraduates and Foundation Year (FY) and other interested doctors
 - Using student/FY interactions with occupational health constructively, to promote occupational medicine
 - Establishing a lead dean for private sector occupational medicine training
 - Providing advice and support to private sector companies wanting to establish posts
 - Allowing part time trainees to do other part time medical work in parallel eg in general practice
 - Developing dual qualifications eg with public health and psychiatry
 - Developing NHS/industry rotational posts
 - Allowing training to start at Specialty Training Year 1
 - Shortening training from 4 to 3 years for those with relevant pre-existing qualifications
 - Establishing a trainee support group
 - Establishing deanery subsidy for private sector training posts – either by an annual subsidy per trainee of c. £20,000 or by the deanery paying the full costs of posts where rotation includes the private sector
 - Protecting salaries of specialists who transfer to occupational medicine training – as in general practice and public health
 - Addressing lack of pay parity between occupational medicine and other trainees
 - Making occupational health an integrated part of the NHS
- Seek to develop a joint approach to environmental medicine with other medical colleges and faculties
- Address concerns about recruitment and training in academic applied sciences
- Develop training in health care for health professionals, subject to funding
- Develop guidance on health requirements for professional drivers, subject to funding
- Seek to publish articles to promote occupational health awareness

- Seek opportunities for continued joint working with the Council for Work and Health, the Society of Occupational Medicine (SOM) and other related bodies
- Improve links with the Confederation of British Industry, Trades Union Congress, Health and Safety Executive, Health Protection Agency, Department of Health (DH) and Department of Work and Pensions
- Liaise with chief medical officers of major companies to improve links between the specialty and industry
- Re-design the Faculty website with improved information for the public, employers and employees, as well as members
- Seek to improve communications and increase press coverage
- Complete project to develop standards and a system of voluntary accreditation for occupational health providers; plan and implement the next steps, eg promulgating standards and encouraging involvement in accreditation

EDUCATION AND TRAINING

ASSESSMENT

- Effect a smooth implementation of the new curriculum
- Continue to prepare, pilot and successfully launch the new Part 2 Membership (MFOM) examination and its three elements of assessment [Multiple Choice Examination (MCQ) paper, Modified Essay Question (MEQ) paper and Observed Structured Practical Examination (OSPE)]
- Successfully manage the transition from examination for Associateship (AFOM) to Part 2 MFOM
- Maintain the training of examiners, including at least one Examiners' Training Day event
- Fully explore the options for recruiting additional examiners and ensure current examiners are kept up-to-date
- Implement revised appeal rules and procedures across the Faculty's examinations and assessment system
- Amend MFOM regulations accordingly
- Ensure office examination procedures are reviewed regularly and practices effectively managed

TRAINING LINKS AND EXTERNAL RELATIONS

- Update the responsibilities and roles of Regional Specialty Advisers (RSAs) (in order to reflect the changing demands of the new curriculum and educational governance)
- Develop the role of the RSA, in light of the revalidation requirement to support the Responsible Officer
- Continue to develop links with the London School of Occupational Medicine and establish links with Postgraduate Schools covering occupational medicine in other deaneries
- Establish a previously trialled Specialty Registrar (StR) selection template for use across all deaneries
- Maintain good communication links with the Postgraduate Medical Education and Training Board (PMETB) - and the General Medical Council (GMC), after the two have merged; Managing Medical Careers and the Specialty Training Committee of the Academic of Medical Royal Colleges (AoMRC)
- Secure PMETB approval of measures to comply with its training and assessment standards (standards 8, 10, 12, 13 and 16)
- Develop and maintain excellent communication links with deanery specialist training committees
- Work with the Royal College of General Practitioners and the SOM to support the launch of the DH *eLfh* (*e-Learning for Healthcare*) online training package for primary care and the new education and support website for GPs

EDUCATIONAL EVENTS

- Run an Annual Scientific Meeting, and two other conferences

OTHER TRAINING MATTERS

- Pilot the role of external assessors in workplace-based assessments (WBAs) and begin to evaluate WBA tools
- Offer at least one training event to assist trainees preparing for the dissertation
- Ensure the new model of the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly

PROFESSIONAL DEVELOPMENT AND STANDARDS

- Actively participate in developing revalidation through the work of the AoMRC's Revalidation Development Group
- Take up opportunities for funding from the AoMRC for Continuing Professional Development (CPD) and revalidation
- Continue to develop a model for revalidation in occupational medicine that minimises the additional bureaucracy and cost to members whilst being sufficiently robust to satisfy the requirements of patients, members and the General Medical Council
- Introduce an online CPD diary that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel to the current paper-based system to give members a choice, but with the aim of migrating to an online only system within a few years
- Audit all CPD returns on a five year basis
- Pilot revalidation for occupational physicians in conjunction with the Faculties of Public Health and of Pharmaceutical Medicine
- Develop a scheme for providing a Responsible Officer function for members working outside a designated managed organisation
- Produce a handbook for members to incorporate advice and guidance on revalidation
- Encourage members to participate in appraisal and CPD by providing regular updates on developments in revalidation

MEMBERSHIP

- Attend at least one medical careers fair
- Review ways of improving services to affiliating diplomates
- Ensure that Faculty activities fully embrace all four UK countries
- Maintain regular electronic communications and periodic postal communications with members

GOVERNANCE, RESOURCES AND INTERNAL MATTERS

- Draw up premises plan for the end of 2010 when lease terminates
- Actively market membership, publications and examinations
- Develop succession planning for officer and other key posts
- Ensure staff are appropriately managed, trained and supported
- Seek opportunities for additional income streams
- Draw up medium term plan to ensure the Faculty has adequate funds in forthcoming years
- Review investment policy and practice regularly
- Ensure adequate IT back-up and support
- Ensure the business continuity plan is reviewed annually and updated as necessary
- Consider at least annually the Faculty's position in the wider context of medical and social changes and ensure the Faculty is responding appropriately

Statement of Trustees' Responsibilities

The Trustees are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

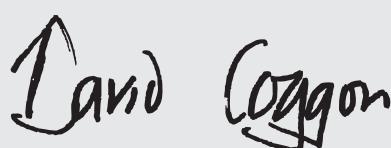
The law applicable to charities in England & Wales and Scotland requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. In preparing these financial statements, the Trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities Statement of Recommended Practice (SORP);
- make judgments 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 charity will continue in business.

The Trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 1993, the Charity (Accounts and Reports) Regulations 2008, the Charities and Trustee Investment (Scotland) Act 2005, the Charities Accounts (Scotland) Regulations 2006 and the provisions of the governing document. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

APPROVED by the Trustees on 14 April 2010 and signed on their behalf by:



President: Professor D N M Coggon OBE MA PhD DM FRCP FFPH FFOM FMedSci

Annex 1 :

Audited Accounts for the year ended

31 December 2009

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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 2009 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The 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 Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005, and in respect of the consolidated financial statements, in accordance with regulations made under section 43 of the Charities Act 1993.. Our audit work has been undertaken for no purpose other than to draw to the attention of the charity's trustees those matters which we are required to include in an auditor's report addressed to them. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and charity's trustees as a body, for our audit work, for this report, or for the opinion we have formed.

RESPECTIVE RESPONSIBILITIES OF TRUSTEES AND AUDITORS

The trustees' responsibilities for preparing the 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 under Section 44(1)(c) of the Charities and Trustee Investment (Scotland) Act 2005 and report in accordance with regulations made under 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 information given in the Trustees' Annual Report is not consistent with those financial statements, if the charity has not kept sufficient accounting records, if the charity's financial statements are not in agreement with these accounting records or if we have not received all the information and explanations we require for our audit.

We read the Trustees' Annual 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 affairs of the charity as at 31 December 2009, and of its incoming resources and application of resources, for the year then ended; and
- the financial statements have been properly prepared in accordance with the Charities and Trustee Investment (Scotland) Act 2005, regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006, and the Charities Act 1993.

Kingston Smith LLP
Chartered Accountants and Registered Auditors
Devonshire House
60 Goswell Road
London
EC1M 7AD

Date: May 2010

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2009

	Notes	Unrestricted funds Designated Funds £	General Funds £	Restricted Funds £	Total 2009 £	Total 2008 £
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	14,045	5,336	1,533	20,914	46,031
Incoming resources from charitable activities						
Subscriptions		-	399,391	-	399,391	354,675
Qualification and training income		-	292,975	-	292,975	238,216
Publications		-	7,451	-	7,451	8,970
Other income		-	12,710	-	12,710	15,321
Conferences and events		-	67,065	-	67,065	53,858
Grants and contracts for publications, training and conferences	2	-	-	91,211	91,211	64,053
DH Development Grant		271,130	-	-	271,130	-
Total incoming resources		285,175	784,928	92,744	1,162,847	781,124
RESOURCES EXPENDED						
Charitable activities	4	89,500	698,031	38,790	826,321	643,348
Governance costs	6	-	79,639	-	79,639	54,156
Total resources expended		89,500	777,670	38,790	905,960	697,504
Net incoming resources		195,675	7,258	53,954	256,887	83,620
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	81,231	-	-	81,231	(106,370)
Net movements in funds for the year		276,906	7,258	53,954	338,118	(22,750)
Fund balances brought forward at 1 January 2009		327,441	385,364	149,724	862,529	885,279
Fund balances carried forward at 31 December 2009		£604,347	£392,622	£203,678	£1,200,647	£862,529
		=====	=====	=====	=====	=====

All income has been generated from continuing operations.
All recognised gains are included in the Statement of Financial Activities.

BALANCE SHEET

31 DECEMBER 2009

	Notes	2009 £	2008 £
FIXED ASSETS			
Tangible assets	9	5,641	2,827
Investments	10	412,717	317,441
		-----	-----
		418,358	320,268
CURRENT ASSETS			
Stocks	11	3,536	4,922
Debtors	12	73,346	116,501
Cash on deposit		503,729	626,025
Cash at bank and in hand		447,998	20,001
		-----	-----
		1,028,609	767,449
CREDITORS: amounts falling due within one year	13	(246,320)	(225,188)
		-----	-----
NET CURRENT ASSETS		782,289	542,261
		-----	-----
NET ASSETS		£1,200,647	£862,529
		=====	=====
REPRESENTED BY:			
Unrestricted funds			
General funds	15	392,622	385,364
Designated funds	15	604,347	327,441
		-----	-----
		996,969	712,805
Restricted funds	15	203,678	149,724
		-----	-----
TOTAL FUNDS	16	£1,200,647	£862,529
		=====	=====

The financial statement, which were approved and authorised for issue by the Board of Trustees on 14 April 2010, were signed below on its behalf by:

David Coggon



President: Professor D N M Coggon OBE MA PhD DM FRCP FFPH FFOM FMedSci

Treasurer: Dr S C Sheard MB ChB MMedSci FFSEM FFOM

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2009

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).

(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.

Donated facilities are included at the value to the Trustees where this can be quantified and a third party is bearing the cost. No amounts are included in the financial statements for services donated by volunteers.

(D) STOCK

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

(E) OPERATING LEASES

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

(F) INVESTMENTS

Investments are included at market value.

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

(G) PENSIONS

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

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2009 (continued)

2 GRANTS CONTRACTS AND DONATIONS

	Designated	Restricted	General	Total	Total
	£	£	£	2009	2008
				£	£
Grants and contracts					
AoMRC Revalidation work					
CPD Online	-	25,000	-	25,000	-
Revalidation communications	-	10,000	-	10,000	-
Revalidation work	-	-	-	-	4,000
Corporate Health (Mobbs)	-	10,000	-	10,000	-
Department of Health					
Development Grant	271,130	-	-	271,130	-
(e-LfH) e-learning	-	25,000	-	25,000	-
Funding for Standards for OH	-	12,000	-	12,000	-
Project funds	-	8,658	-	8,658	9,672
Training grant	-	553	-	553	2,200
Department for Work and Pensions					
GP Training project	-	-	-	-	45,550
POHMS	-	-	-	-	1,500
UNUM Academic Forum	-	-	-	-	1,131
	-----	-----	-----	-----	-----
	271,130	91,211	-	362,341	64,053
	=====	=====	=====	=====	=====

3 INVESTMENT INCOME

	Designated	Restricted	General	Total	Total
	£	£	£	2009	2008
				£	£
Bank interest	-	1,533	5,336	6,869	26,686
Dividends	14,045	-	-	14,045	19,345
	-----	-----	-----	-----	-----
	£14,045	£1,533	£5,336	£20,914	£46,031
	=====	=====	=====	=====	=====

4 ANALYSIS OF COSTS

	Direct	Direct	Support	Total	Total
	Costs	Salaries	Costs	2009	2008
	£	£	£	£	£
Qualification and training	180,502	120,845	134,350	435,697	313,315
Members services	157,678	34,400	23,248	215,326	191,045
Publication costs	5,940	14,580	4,587	25,107	16,015
Meeting costs	55,363	-	17,639	73,002	94,150
Revalidation & Professional Development	-	21,767	-	21,767	-
Research fellowship	7,408	-	247	7,655	3,221
Administration of Funds	-	2,362	-	2,362	-
Conferences and events	32,887	10,294	2,224	45,405	25,602
	-----	-----	-----	-----	-----
	439,778	204,248	182,295	826,321	643,348
Governance costs	29,929	37,539	12,171	79,639	54,156
	-----	-----	-----	-----	-----
	£469,707	£241,787	£194,466	£905,960	£697,504
	=====	=====	=====	=====	=====

5 BREAKDOWN OF SUPPORT COSTS

	2009	2008
	£	£
Staff costs	47,531	47,729
Agency staff costs	10,554	16,697
Communication	3,684	2,655
Printing, postage and stationery	20,049	15,861
Premises costs	29,136	31,091
Repairs and maintenance	32,174	26,812
Advertising and recruitment	21,691	9,585
Accountancy fees	10,142	7,127
Depreciation	4,887	3,273
Other direct costs	14,618	9,544
	-----	-----
	£194,466	£170,374
	=====	=====

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

6 GOVERNANCE COSTS

	2009	2008
	£	£
Salary costs	37,539	13,830
Support costs allocation	12,171	16,275
Audit fees	7,214	6,170
Audit fees – prior years	-	1,125
Consultancy	3,449	-
Meeting costs	11,478	10,629
AGM costs	1,878	1,192
Annual report costs	5,910	4,935
	-----	-----
	£79,639	£54,156

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2008: nil)

16 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £6,540 (2008: 15 Trustees - £2,682).

8 STAFF COSTS

	2009	2008
	£	£
Wages and Salaries	247,335	229,496
Social security costs	26,298	24,238
Pension costs	10,958	10,958
	-----	-----
	£284,591	£264,692
	=====	=====
The average number of full-time equivalent employees during the year was:	8	7
	=====	=====

One member of staff was remunerated in the £60,001 to £70,000 range (2008 – one). The associated pension costs of this individual were £5,940 (2008 - £5,940).

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2009 (continued)

9 TANGIBLE FIXED ASSETS

	Fixtures and fittings	Office equipment	Total
	£	£	£
Cost			
At 1 January 2009	14,331	39,581	53,912
Additions	1,226	6,475	7,701
	-----	-----	-----
At 31 December 2009	15,557	46,056	61,613
	-----	-----	-----
Depreciation			
At 1 January 2009	14,331	36,754	51,085
Charge for the year	245	4,642	4,887
	-----	-----	-----
At 31 December 2009	14,576	41,396	55,972
	-----	-----	-----
Net Book Value			
At 31 December 2009	£981	£4,660	£5,641
	=====	=====	=====
At 31 December 2008	£ -	£2,827	£2,827
	=====	=====	=====

10 INVESTMENTS

	2009	2008
	£	£
Quoted investments		
At 1 January 2009	317,441	404,466
Additions	14,045	19,345
Unrealised gain/(losses)	81,231	(106,370)
	-----	-----
At 31 December 2009	£412,717	£317,441
	=====	=====
Historical cost	£330,945	£330,945
	=====	=====
No of units	86,851	86,851
Valuation	475.20p	365.50p

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

11 STOCKS

	2009	2008
	£	£
Stocks comprise:		
Publications for resale	£3,536	£4,922
	=====	=====

12 DEBTORS

	2009	2008
	£	£
Accrued income	33,799	58,378
Other debtors	15,989	34,101
Prepayments	23,558	24,022
	-----	-----
	£73,346	£116,501
	=====	=====

13 CREDITORS: amounts falling due within one year

	2009	2008
	£	£
Trade creditors	70,390	50,131
Accruals	53,442	54,478
Deferred income - examination fees received in advance	12,782	22,073
- subscriptions in advance	94,796	89,157
Tax and social security	14,382	8,820
Pension liability	528	529
	-----	-----
	£246,320	£225,188
	=====	=====

14 DEFERRED INCOME

	Examination		
	Fees	Subscriptions	Total
	£	£	£
Balance at 1 January 2009	22,073	89,157	111,230
Amounts released to incoming resources	(22,073)	(89,157)	(111,230)
Amount deferred in the year	12,782	94,796	107,578
	-----	-----	-----
Balance at 31 December 2009	£12,782	£94,796	£107,578
	=====	=====	=====

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2009 (continued)

15. FUNDS

	As at 1 January 2009 £	Incoming Resources £	Gains on investment/ Interest Allocation £	Outgoing Resources £	As at 31 December 2009 £
a) Restricted funds					
Good Practice Guidelines Funds					
Esso Publications Fund	16,760	-	186	-	16,946
Rolls Royce Guidelines	11,425	-	98	5,000	6,523
UNUM Fund	7,661	-	76	1,500	6,237
Academic Activities Funds					
Donald Hunter Lecture	10,947	-	122	-	11,069
Ernestine Henry Lecture	3,053	-	34	-	3,087
Esso Research Fellowship Funds	41,610	-	453	1,500	40,563
Corporate Health (Mobbs)	44,194	10,000	470	3,589	51,075
Shell Fellowship	934	-	10	-	944
Wilf Howe Fund	4,850	-	51	549	4,352
William Taylor Memorial Fund	2,967	-	33	-	3,000
Other Funds					
Academy of Medical Royal Colleges:					
Revalidation work	3,123	10,000	-	5,000	8,123
CPD online	-	25,000	-	7,000	18,000
Department of Health:					
Training grant	2,200	553	-	-	2,753
NHS OH project	-	8,658	-	8,658	-
OH standards project	-	12,000	-	5,994	6,006
e-LfH	-	25,000	-	-	25,000
	149,724	91,211	1,533	38,790	203,678
	£	£	£	£	£
b) Designated funds					
Capital fund	317,441	14,045	81,231	-	412,717
BUPA award	10,000	-	-	-	10,000
Department of Health Development Grant	-	271,130	-	89,500	181,630
	327,441	285,175	81,231	89,500	604,347
c) General funds	385,364	784,928	-	777,670	392,622
Total funds	£862,529	£1,161,314	£82,764	£905,960	£1,200,647

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

Rolls Royce Guidelines funds were provided originally to cover the costs of back pain guidance and leaflets. As sufficient guidance was available elsewhere, the Faculty negotiated an alternative use with the provider. A project on back pain, supported in 2008, was completed in 2009.

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

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

15. FUNDS (continued)

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 is to provide the opportunity for research in specific Occupational Health standards or practice.
Corporate Health (Mobbs) Fellowship Fund was set up to provide travelling fellowships.
Shell Fellowship provides for the implementation of training support.
Wilf Howe Fund provides a prize for an innovative workplace project.
William Taylor Memorial Fund provides funds for an examination prize.

Academy of Medical Royal Colleges:

Revalidation provides funding for revalidation development work.
CPD is distribution of Department of Health funds to develop CPD online.

Department of Health:

Training Grant provides funding towards the Faculty's costs in supporting Speciality Training in Occupational Medicine in the NHS.
NHS Occupational Health (OH) project provides funding for improving the health of the NHS workforce.
Occupational Health standards project is concerned with developing standards for OH services.
E-LfH provided funding for the development of learning modules on health and work for GPs

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.

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

Department of Health (DH) Development Grant was awarded by DH to support curriculum development and specialty promotion.

16 ANALYSIS OF NET ASSETS BETWEEN FUNDS

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

	Unrestricted Designated £	General £	Restricted £	Total £
Tangible fixed assets	-	5,641	-	5,641
Investments	412,717	-	-	412,717
Net current assets	191,630	386,981	203,678	782,289
	-----	-----	-----	-----
	£604,347	£392,622	£203,678	£1,200,647
	=====	=====	=====	=====

17 OPERATING LEASE COMMITMENTS

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

	2009	2008
	£	£
Leases which:		
Expire within one year (land and buildings)	2,508	-
Expire between 2 and 5 years (land and buildings)	-	2,108
Expire within one year (office equipment)	458	-
Expire between 2 and 5 years (office equipment)	2,645	4,261
	<hr/>	<hr/>
	5,611	£6,369

18 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.

The following Annexes do not in themselves form part of the formal Trustees' Annual Report, but provide supplementary information on those who have contributed to the work of the Faculty or who have gained Faculty qualifications during 2009.

Annex 2:

List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, Representatives and those who have examined and acted as external workplace-based assessors in 2009

LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED IN 2009

EXECUTIVE COMMITTEE

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

Dr L N Birrell
Professor D N M Coggon
Professor K T Palmer
Dr D Sen
Col J P Owen
Col R Thornton

Dr S C Sheard
Ms N Coates

Registrar (Chair)
President
Academic Dean
Director of Assessment
Director of Training
Director of Professional Development
Treasurer
Chief Executive

SPONSORSHIP APPROVAL PANEL

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

Ms N Coates
Dr C Sharp
Dr I R Aston
Dr P Graham

Chair
Sponsorship Co-ordinator

Lay member

MOBBS TRAVELLING FELLOWSHIP PANEL

This Panel assesses applications for these fellowships.

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

Chair

WILF HOWE PRIZE PANEL

This Panel assesses applications for this prize.

Dr L N Birrell
Professor K T Palmer

Registrar
Academic Dean

NORTHERN IRISH AFFAIRS FORUM

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

Dr M Tohill

Dr D I M Skan

Dr W R Jenkinson
Dr B T McCarthy
Dr K Addley

Board representative for Northern Ireland (Chair)
Previous Board representative for Northern Ireland
RSA
Trainee representative
FOM Ireland representative

EUROPEAN AFFAIRS FORUM

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.

Dr E B Macdonald
Dr R J L Heron
Dr B M Crichton
Dr N P Dowdall
Dr P F G Gannon
Dr D Sen
Dr N J Cordell

Faculty representative on UEMS OM section (Co-Chairman)
Co-Chairman

SOM representative

FELLOWSHIP COMMITTEE

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

Dr D C Snashall
Dr L N Birrell
Dr I R Aston
Dr P Graham
Mr H Robertson
Dr N F Davies
Dr S R C Dougherty/Dr A C Wilcock
Dr G M Fletcher/Dr L P Wright
Dr R V Johnston
Dr D E S Macaulay
Dr R M Quinlan

Chair
Registrar
Elected RSA Representative
Lay member
Lay member
Fellows appointed by the Board

ETHICS COMMITTEE

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also 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.

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

CLINICAL EXCELLENCE AWARDS COMMITTEE

The Faculty Clinical Excellence Awards Committee nominates NHS consultants in occupational medicine for clinical excellence/ distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages eligible consultants who are members of the Faculty to submit the relevant documentation to the committee for consideration. Guides to the awards schemes are available on the internet (www.dh.gov.uk/ab/accea/index.htm and www.shsc.scot.nhs.uk/shsc/default.asp?p=71)

Professor D N M Coggon	Chair
Dr P Graham	Lay member
Dr C C Harling	
Professor A J Newman Taylor	
Dr D C Snashall	
Dr E R Wacławski	SOM nominee/representative of Scotland

ASSESSMENT SUBCOMMITTEE

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

Dr D Sen	Director of Assessment (Chair)
Dr D C Brown	Deputy Director of Assessment
Professor KT Palmer	Academic Dean
Dr J S F Tamin/Dr T Hussain	Chief Examiner AFOM
Dr S R Boorman	Chief Examiner DOccMed
Dr M Henderson	Chief Examiner DDAM
Gp Capt D P Gradwell	Chief Examiner DAvMed
Dr K M Venables	Chief Examiner Research Methods
Col R Thornton	Director of Professional Development
Mr H Robertson	Lay member

WORKPLACE-BASED ASSESSMENTS ADVISORY GROUP

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

Professor K Holland-Elliott	Chief Examiner (WBA)
Dr L Batty	
Dr D C Bulpitt	
Dr J Halliday-Bell	
Dr D H Major	
Dr A K Skidmore	
Professor J Harrison	London School of Occupational Medicine

AFOM ADVISORY GROUP

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

Dr J S F Tamin/Dr T Hussain	Chief Examiner AFOM (Chair)
Dr D Sen	Director of Assessment
Dr J S F Tamin	
Dr T Hussain/Dr S Austin	
Dr M Jennings	
Dr R V Johnston	
Dr D S D Jones	
Dr I A McCoubrey/Dr S Kumar	
Dr S Sadhra	

DOccMed ADVISORY GROUP

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

Dr S R Boorman
Dr D Sen
Dr A J Bray
Dr J Henderson
Dr P M Jeffrey
Dr S T Wang
Dr L P Wright

Chief Examiner DOccMed (Chair)
Director of Assessment

DDAM ADVISORY GROUP

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

Dr M Henderson
Dr D Sen
Dr D Beswick
Dr P Dewis
Dr T M Gibson
Dr A M Harvey
Gp Capt D W Jones

Chief Examiner DDAM (Chair)
Director of Assessment

DAvMed ADVISORY GROUP

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

Gp Capt D P Gradwell
Dr D Sen
Dr N Dowdall
Dr R V Johnston
Dr M Lewis
Wg Cdr H Lupa
Dr C Sharp
Dr A P Steele-Perkins

Chief Examiner DAvMed (Chair)
Director of Assessment

PETER TAYLOR MEDAL ADVISORY GROUP

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

Professor K T Palmer
Dr K M Venables
Dr D Patel

Academic Dean (Chair)
Chief Examiner Research Methods
SOM representative

SPECIALIST ADVISORY SUBCOMMITTEE

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

Col J P Owen
Dr J K Moore
Professor K T Palmer
Dr N K Cooper
Dr I Hastie

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

Professor K Holland-Elliott
Dr N G Morris
Dr R M Preece
Dr M Hogan

Lead Dean for
Occupational Medicine

Dr A-A Hashtroudi/Dr C L Piper

SOM nominee
Royal College of Physicians of
Ireland nominee
Trainee Representative

ARTICLE 14/CESR (Certificate of Eligibility for Specialist Registration) ADVISORY GROUP

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

Dr C C Harling
Col J P Owen
Dr J Cartwright
Dr N K Cooper
Dr G M Fletcher
Dr T M Gibson
Dr P M Jeffrey
Dr I C Perry
Dr D R C Roomes
Dr S C Sheard
Dr J G Spiro
Dr A J M Slovak
Dr D H Wright

Chair
Director of Training

REGIONAL SPECIALTY ADVISERS AND DEPUTIES

REGION	SPECIALTY ADVISER	DEPUTY
Northern	Dr C J English	Dr P A Wynn/Vacant
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/Vacant	Dr C F Amos
N E Thames	Dr D C H Bulpitt	Dr M D McKinnon
S E Thames	Dr J M W Simpson	Dr A M Finn
S W Thames	Professor K Holland-Elliott	Vacant
Wessex	Dr R G Crane	Dr J C Smedley/Vacant
Oxford	Dr K M Venables/Vacant	Dr J Spiro
South West	Dr R Philipp	Dr T F May
West Midlands	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	Dr D G Menzies/Vacant
Wales	Dr M G Tidley	Dr D A P D'Auria/Vacant
South Scotland	Vacant/Dr A M Leckie	Dr P M Jeffrey
North Scotland	Dr M E Wright	Dr M M Watt/Vacant
Northern Ireland	Dr W R Jenkinson	Dr W R Gamble
Navy	Surg Capt D C Brown	Surg Cdre G Nicholson
Army	Col R Thornton	Dr C C Harling
Air Force	Gp Capt D L Bruce	Col M G Braithwaite
Middle East	Dr M S Newson-Smith	Professor R M Agius
South Africa	Professor M H Ross	Wing Commander D McLoughlin
Singapore	Professor J Jeyaratnam	Vacant
		Vacant
		Dr F Fox
		Professor D S Q Koh

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

This Subcommittee has addressed the developments in revalidation.

Col R Thornton	Director of Professional Development (Chair)
Dr A S C Allison	
Dr M G Braithwaite	
Dr J A East	
Dr P Graham	Lay member
Mr R Marchant	GMC representative
Dr D Sen	
Dr S C Sheard	
Dr J Shepherd	

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE & HEALTH

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

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

OCCUPATIONAL HEALTH SERVICE STANDARDS FOR ACCREDITATION STAKEHOLDER GROUP

In response to the Carol Black Review, *Working for a healthier tomorrow* (2008), the Faculty established a multidisciplinary multi-agency stakeholder group to develop standards for occupational health services, to apply to both public and private sectors. The standards were developed during 2009 and launched in January 2010. There are plans for an underpinning accreditation scheme to be developed by 2011.

Paul Nicholson (Chair), Faculty of Occupational Medicine
 Michelle Aldous, Constructing Better Health
 Cynthia Atwell, Royal College of Nursing Society of Occupational Health Nursing
 Mary Brassington, Association of NHS Occupational Health Nurses
 Jonathan Cleeland, Norwich Union Occupational Health
 Nicky Coates, Faculty of Occupational Medicine
 David Coggon, Faculty of Occupational Medicine
 Gail Cotton, Association of Occupational Health Nurse Practitioners (UK)
 Charlotte Cross, Commercial Occupational Health Providers Association Ltd
 Geoff Davies, Commercial Occupational Health Providers Association Ltd
 Eva D'Souza, Health & Safety Executive
 Kit Harling, Department of Health/NHS Plus
 Morag Hives, NHS Grampian
 Sharon Horan, Horan Health Associates
 Judith Howard-Rees, Gipping Occupational Health Ltd
 Anne Jewell, University Hospital Birmingham NHS Trust
 Graham Johnson, BUPA Wellness/Royal College of Nursing Society of Occupational Health Nursing
 Sayeed Khan, EEF, The manufacturers' organization
 Helen Kirk, Royal College of Nursing Occupational Health Forum
 Ian Lawson, Confederation of British Industry
 Jenny Leeser, BUPA Wellness
 Paul Litchfield, BT Group plc
 Ewan MacDonald, University of Glasgow
 Ira Madan, Department of Health/NHS Plus
 Grace Mehanna, Business in the Community
 Susan Murray, Unite the Union
 Kevin O'Connor, Northern Health and Social Care Trust
 Hamish Paterson, Association of National Health Service Occupational Physicians
 Simon Pickvance, Sheffield Occupational Health Advisory Service
 Richard Preece, Society of Occupational Medicine
 Chris Pugh, Duradiamond Healthcare
 Anne Raynal, Health & Safety Executive
 Joy Reymond, UK Rehabilitation Council
 Doug Russell, Union of Shop, Distributive and Allied Workers
 Dil Sen, Health & Safety Executive
 Simon Sheard, Capita
 Delia Skan, DETINI
 Mark Simpson, AXA ICAS Wellbeing
 Jeremy Smith, Association of Occupational Health Nurse Practitioners (UK)
 Jacques Tamin, Faculty of Occupational Medicine
 Rob Thornton, Faculty of Occupational Medicine
 Hilary Todd, Society of Occupational Medicine
 Kate Venables, Higher Education Occupational Practitioners
 Caroline Whittaker, University of Glamorgan
 Ben Wilmott, Chartered Institute of Personnel Development
 Nigel Wilson, University of Liverpool
 David Wright, ATOS Healthcare

REPRESENTATIVES ON OTHER BODIES

Academy of Medical Royal Colleges
 AoMRC Assessment Committee
 AoMRC Health Inequalities Forum
 Academy of Royal Colleges and Faculties in Scotland
 British Medical Association Junior Doctors Committee
 British Medical Association Occupational Medicine Committee
 Civil Aviation Authority Aviation Medicine Forum
 European Union of Medical Specialists
 Section of Occupational Medicine
 HSE Asthma Project Board
 Intercollegiate Faculty of Sport and Exercise Medicine
 Medical Council on Alcohol Advisory Group
 National Cancer Survivorship Forum
 NHS Plus Stakeholder Group
Occupational and Environmental Medicine Editorial Board
 Occupational Health Clinical Effectiveness Unit
 Executive Committee
 Professional Organisations in Occupational Safety and Health
 Royal College of Physicians of London
 Council
 Committee on Ethical Issues in Medicine

Professor D N M Coggon
 Dr D Sen
 Dr I M Kennedy
 Dr A M Leckie/Dr S J Ryder
 Dr A-A Hashtroudi/Dr C L Piper
 Dr T P Finnegan
 Dr R V Johnston
 Dr E B Macdonald
 Dr P J Nicholson
 Dr L Odiseng
 Dr C D Payton
 Dr P A Wynn
 Dr D C Snashall
 Dr D C Snashall
 Ms N Coates
 Dr I Madan
 Dr P Griffin
 Professor D N M Coggon
 Dr R D Jefferson

EXAMINERS

L A Adishes
S Austin
S M Awbery
D Baker
P D Baker
C G Batty
L Batty
N D S Bax
S R Boorman
M G Braithwaite
A J Bray
D C Brown
D G Bruce
D L Bruce
I M Calder
K M Campion
J Cartwright
P Collins-Howgill
D E Cook
B M S Cooper
N K Cooper
A M de Bono
S P Deacon
P Dewis
N P Dowdall
G R Evans
P M Ford
D F Gallagher
W R Gamble
M J E Gann
T M Gibson
D A Gidlow
D P Gradwell
A Graham
M Henderson
T Hussain
C W Ide
R D Jefferson
M Jennings
D I T Jenkins

R V Johnston
C J Kalman
M Kinoulty
S Kumar
M E Lewis
I D Lindsay
B P Ludlow
H Lupa
I A McCoubrey
W J McCulloch
D McLoughlin
D E S Macaulay
R L Marcus
N A Mitchell- Hegg
N G Morris
H K Nixon
P J L M Oliver
C D Payton
K J Pilling
B W Platts
C J M Poole
R M Preece
A E Price
R M Quinlan
S M C Reed
A S Robertson
A Rossiter
P J J Ryan
D Sen
D Shand
S C Sheard
A J M Slovak
D C Snashall
P F Stuckey
S A Szweda
J S F Tamin
I L Torrance
S Turner
N R Williams
L P Wright

EXTERNAL WORKPLACE-BASED ASSESSORS

L A Adishes
L Batty
M G Braithwaite
A J Bray
D C Bulpitt
P R Grime
J M Jeffrey

D N F Marshall
E Murphy
G Nicholson
P J O M Oliver
T O Osunsanya
L S Smith
P S Turnbull

REPORTS FROM REPRESENTATIVES ON OTHER BODIES

ACADEMY OF MEDICAL ROYAL COLLEGES HEALTH INEQUALITIES FORUM (AHIF)

The AHIF met three times during 2009. Some of the issues discussed included *Proposals to exclude overseas visitors from eligibility to free NHS primary medical services*, the Royal College of Physicians' Partnership Programme on the Social Determinants of Health, and the *Review of Health Inequalities in England post-2010*. Mr Mike Grady, Senior Research Fellow, gave a presentation on the latter subject at a meeting in July 2009. The Review followed the publication by the World Health Organisation of the global report of the Commission on Social Determinants of Health (CSDH), chaired by Sir Michael Marmot. The CSDH advocated that national Governments develop and implement strategies and policies suited to their particular national context aimed at improving 'health equity'. The aims and objectives of the Review were outlined, together with the timescales for publishing a report as a contribution to the development of a post-2010 Health Inequalities Strategy in England, addressing short, medium and long term issues.

The relationship between health and work as a determinant of health inequalities was acknowledged, and Dame Carol Black's work in this area, *Working for a Healthier Tomorrow*, was highlighted as being of particular importance. Progress on subsequent initiatives, such as *Improving Health and Work: Changing Lives*, was presented to the group, during a meeting in October 2009, by Dr Bill Gunnyeon, Chief Medical Adviser to the Department for Work and Pensions.

Dr Gunnyeon informed the group about key initiatives, such as the introduction of the new 'Fit note', the piloting of 'Fit for work services' (predominantly set up in areas of health inequality), various educational initiatives for GPs, and the piloting of an occupational health helpline for small and medium sized businesses. Dr Gunnyeon emphasised that helpful guidance was being developed for hospital doctors and GPs on completing 'fit notes'. He also highlighted various work and training initiatives currently undertaken by the Faculty of Occupational Medicine in collaboration with Royal Colleges on this subject.

The recommendations in 'the Boorman report', *NHS Health and Well-being*, (November 2009) were also discussed during this meeting, including some of the specific options for improving the health and well-being of staff in the NHS. GP access to occupational health advice was raised, including an idea that GPs might be able to commission occupational health services.

The Forum has continued to provide an opportunity for the representatives of the various Faculties and Colleges to exchange knowledge about specific initiatives and to agree plans of action to address health inequalities within their respective specialties.

Ioana Kennedy

BRITISH MEDICAL ASSOCIATION (BMA) OCCUPATIONAL MEDICINE COMMITTEE

The BMA Occupational Medicine Committee meets three times per year. I attended all meetings. Dr Paul Nicholson has been re-elected as its chairman. One of its meetings was held as a tele-conference to save money, which was remarkably successful as an occasional alternative. Business between meetings is carried out through an e-mail listserver which enables the members and secretariat to communicate very efficiently. Apart from the Faculty and the Society, members of the Committee represent many fields, including general practice, the NHS, private companies, academia and the Armed Forces. The Faculty now provides written input to each meeting for discussion.

The culmination of the Committee's annual business is the BMA's Annual Representative Meeting. The Committee puts forward both representatives and resolutions. The Committee's main visible output this year has been the revised version of *The Occupational Physician*. The Committee ensures that the BMA is both aware of, and is able to voice, its opinions on topics of current occupational medicine interest.

Committee work this year has covered, as would be expected: the new 'fit-note'; confidentiality and the General Medical Council; revalidation, especially for those GPs involved with occupational medicine; and input to the Faculty work on Standards for Occupational Health Services.

I stand down from the Committee in February 2011. I encourage members of the Faculty to consider becoming the Committee's representative, because the work is personally interesting and valuable for the Faculty.

Timothy Finnegan

CIVIL AVIATION AUTHORITY (CAA) AVIATION MEDICINE FORUM

The Civil Aviation Medicine Forum meets biannually to enhance communication and liaison with key stakeholders. The main developments in 2009 were:

- **Approved Medical Examiners (AME)**

The CAA developed a points system for the approval of AMEs, which enabled doctors who have been on the waiting list for many years to apply for approval. This was undertaken to streamline the system and to prepare for European Aviation Safety Agency (EASA) oversight of licensing.

To ensure quality assurance, an audit programme has been instituted for the AME network.

With developments in the AME online system, over 90% of all Class 1 medical examination reports are now submitted electronically. Approximately 250 AMEs are now online.

- **Aviation Health Unit (AHU)**

Cabin Air: This has been the most important issue with a number of Parliamentary questions being raised and research undertaken with Cranfield University. The Committee on Toxicity concluded, "it was not possible on the available evidence to conclude that there is a causal association between cabin air exposures and ill health in commercial aircraft crews". The Cranfield research should be completed by the summer of 2010.

Pandemic Flu: The Unit was actively involved in the aviation response to the pandemic, one result being that the Captain would notify Air Traffic Control of the case on board and this message would be passed to the destination airport in order that the relevant agency could prepare. The Health Protection Agency has this role in the UK.

Deep Vein Thrombosis: The AHU is working with the Department for Transport and Department of Health in order to co-ordinate the preventative strategy in areas where DVT is a risk.

Cabin Crew Requirements: An evaluation of the evidence base, which may underpin these requirements, is being undertaken for the European Aviation Safety Agency (EASA) by a consortium consisting of the Building Research Establishment (BRE), Cranfield University and CAA International (AHU/Cabin Safety).

Ideal Cabin Environment (ICE) Project: The CAA initiated this three years ago. It was an eight nation, 15 member consortium research project funded by the European Commission. The aim of the project was to study the physical, psychological and physiological health of some 1400 volunteers in relation to ambient air temperature, airflow and noise. The results of the medical parameters showed no abnormalities up to a cabin altitude of 8,000 feet. These data are reassuring to the travelling public.

- **Development within Europe**

European Aviation Authorities' Chief Medical Officers' (CMO) Forum: There are no longer any Joint Aviation Authority medical meetings to provide an opportunity for consideration of new medical innovations and developments. The CMOs' Forum is chaired by the CMO of the UK CAA and regular meetings take place. Subjects for discussion included new medications for diabetes, refractive error and anticoagulation. It is planned to progress these issues directly with EASA.

European Class 3 Medical Certificate for Air Traffic

Controllers: This new Certificate was successfully implemented on 1 September 2009. No problems were experienced by the AMEs in attendance at the forum. Regular meetings will be held to ensure that the standards reflect developments in aviation medicine.

Ray Johnston

EUROPEAN UNION OF MEDICAL SPECIALTIES (UEMS) SECTION OF OCCUPATIONAL MEDICINE

The objectives of the UEMS are

- Study, promotion and harmonisation of high quality training of medical specialists in the European Union (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.

REPORTS FROM REPRESENTATIVES ON OTHER BODIES (continued)

The section meets twice per year. Each country is entitled to two representatives, one academic (Faculty nominee) and one practitioner (Society of Occupational Medicine nominee - Nicki Cordell), 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. The newly elected President of the section is Dick Spreeuwiers from the Netherlands and Secretary is Alenka Skerjanc from Slovenia. Membership includes Jacques van der Fliet who is also Chair of the Committee Permanente of doctors at the EU.

The current key objectives of the group are to:

- Harmonise specialist requirements and quality of specialist training programmes
- Enhance the position and promotion of the section in political networks in the EU
- Promote high quality occupational health care for all EU citizens
- Agree a vision and strategy for the specialty to address the changing working environment and its effect on workers in the EU

Progress has continued with all of these and good liaison with the EU Bilbao centre has been established. Occupational medicine is currently recognised as a specialty in 26 European countries, but there are differences in training and assessment.

UEMS has an interest in harmonisation of training, and an increasing number of specialties are moving towards having some element of a common assessment. Within occupational medicine the UK has led on this with the Atom Project, though progress is slow. The UEMS has recently further developed its system for mutual recognition of Continuing Medical Education (CME) accreditation.

Ewan Macdonald

HEALTH AND SAFETY EXECUTIVE (HSE) ASTHMA PARTNERSHIP BOARD

The Asthma Partnership Board (APB) was formed to help HSE achieve a 30% reduction in new cases of occupational asthma over the 10 years ending 2010. That aim has been achieved and HSE believes the Board should continue to help seek further reductions.

Asthma UK launched its *Business Against Asthma* initiative to provide advice on minimising asthma triggers in the workplace and support businesses in improving health and well-being in the workplace. Advisers will attend the workplace depending on individual business. Membership costs £100 annually.

http://www.asthma.org.uk/corporate_partners/business_against_asthma/

The Chemical Industry Association (CIA) reported that all member companies are meeting health performance standards and that CIA is on target for 30% reduction.

The Confederation of British Industry (CBI) is looking at the trend of companies moving away from in-house occupational health services, the outsourcing of occupational health contracts and the standards of the services.

The Board will develop a new three-year strategy/planning document to set out its aims and objectives of the APB. Consideration will be given to inviting other relevant stakeholders.

I provided an update on several activities: the update of the British Occupational Health Research Foundation (BOHRF) occupational asthma guidelines to be launched on 25 March 2010, and including about 100 new studies; the Occupational Asthma Special Interest Group which was oversubscribed for its latest meeting, hosted by the National Heart and Lung institute; that a working group had finished writing guidelines for laboratory animal workers health surveillance and was about to be submitted to *Occupational and Environmental Medicine*; and that the Faculty of Occupational Medicine, working with a wide group of stakeholders, would publish standards for occupational health services on 13 January 2010, to be followed by a voluntary accreditation programme.

Paul Nicholson

MEDICAL COUNCIL ON ALCOHOL

I have continued as the Faculty's representative on the Medical Council on Alcohol and was invited to become a member of their Executive Committee this year. I accepted and attended my first Executive Committee meeting in November 2009. I also attended the Annual General Meeting and seminar the following day and heard Professor Sir Michael Marmot give the Max Glatt Memorial Lecture on 'Alcohol and the Social Determinants of Health'.

There were three presentations at the seminar. Dr Gillian Reeves, Reader in Epidemiology at the University of Oxford talked about 'Alcohol and the Breast'. She told us that there was a substantial increase in the risk of breast cancer in women who drink alcohol and this risk is independent of body mass index, hormone replacement therapy, the type of alcohol that they drink and menopausal status. She quoted findings from the Million Women Study. Overall this suggests that 11% of breast cancers diagnosed in the UK are likely to be due to alcohol.

Dr Stephen Ryder, Consultant in Hepatology at Queens Health Centre Nottingham, gave a talk on 'Alcohol and Hepatitis C in the Aetiology of Primary Liver Cancer'. Patients who develop cirrhosis of the liver have a 2% annual risk of developing hepatocellular cancer. There is a synergistic effect of alcohol excess and infection with the hepatitis C virus. Smoking is a strong co-factor.

Finally, Professor Graham Ogden of the University of Dundee gave a talk on 'The Synergy between Alcohol and Smoking in the Development of Oral Cancer'. His message was if you want to avoid oral cancer do not smoke or drink alcohol to excess. Smokers need to avoid alcohol misuse, and those who misuse alcohol should not smoke. When both risk factors are present there is an appreciable synergy which puts patients at much higher risk of oral cancer.

It is interesting to note that the Practitioner Health Programme (PHP) which Dr Clare Gerada talked about at last year's seminar has now been reviewed by the Health of Health Professionals Working Group who felt strongly that PHP has benefited not only those health professionals who have accessed it, but also the patients for whom those practitioners provide care.

Colin Payton

NATIONAL CANCER SURVIVORSHIP INITIATIVE (NCSI)

The Cancer Reform Strategy (2008) highlighted the effectiveness of cancer treatments and the growing number of cancer survivors. The strategy has led to the formation of the NCSI, tasked with improving the post-treatment experience of cancer survivors. A major identified theme is the potential long-term impact of diagnosis on work and finances. As representative of the Faculty on the NCSI workforce and finance workstream I have sought to promote the contribution occupational physicians can make to improving these outcomes for employees affected by cancer. This has led to research into the opinions and experiences of occupational physicians in this area of clinical practice, and it is hoped further opportunities to develop occupational physician specific continuing professional development approved education materials will arise from the Faculty representation on the committee.

Philip Wynn

REPORTS FROM REPRESENTATIVES ON OTHER BODIES (continued)

PROFESSIONAL ORGANISATIONS IN OCCUPATIONAL SAFETY AND HEALTH (POOSH)

POOSH brings together a wide variety of bodies whose aim is to improve health and safety in the workplace. Its objectives are to:

- exchange views, knowledge and information on matters of interest to members
- offer comments on consultative documents and national strategies for health and safety
- discuss and develop common initiatives and policies for consideration by the UK Government and the European Union
- promote professional standards and competence among health and safety practitioners, including appropriate qualifications and continuing professional development schemes.

POOSH met four times in 2009 and had three significant guest speakers:

- Dr Sayeed Khan gave an update on Health and Safety Executive (HSE) related matters in February
- Dr Bill Gunnyeon talked about the Government Response to the Dame Carol Black Review in June and
- Diana Kloss spoke about the Council for Work and Health in December.

Currently POOSH is working towards developing a Competency Register for Health and Safety Consultants and is also considering a Health and Safety Summit. Recent successes include persuading HSE to make most of their publications free online.

Peter Griffin

ROYAL COLLEGE OF PHYSICIANS OF LONDON COMMITTEE ON ETHICAL ISSUES IN MEDICINE

The Committee has been set up to identify and advise the Royal College of Physicians on matters of ethics of particular concern to physicians and the public they serve. It is also there to respond to requests from individuals and public bodies for guidance on general ethical issues in medicine. It is currently chaired by Professor John Saunders and meets approximately four times a year although there is a significant amount of electronic dialogue and consultation in between meetings. It has a broad, wide ranging and inclusive membership including representatives of many of the medical specialties and colleges, lay members including at least one prominent media journalist, professional and academic theologians, academic and practising legal experts. The President and Registrar of the Royal College of Physicians also sit on the Committee. There is also representation from a variety of patient and carer groups. As can be appreciated with the wide ranging remit any direct impact on occupational medicine practice will tend to be peripheral rather than direct, and sporadic within the agenda items.

The main discussions for 2009 centred on organ donation and the issues related to presumed consent and the concept of mandated choice, and the Human Tissues & Embryos Bill.

One other agenda item that recurred from 2007 and 2008 was discussions around pandemic flu, in particular the Department of Health document: *The Ethical Framework for the response to pandemic influenza* which had much to commend it although it seemed to be limited in practical application to the wider health community. This is something that occupational physicians would need to be aware of if they are involved in pandemic flu management in their organisations.

Other major topics included discussions around mental capacity and new legislation and how this impacts on day to day medical practice and research ethics. Probity in medicine was at the forefront as was the new General Medical Council confidentiality guidance which was discussed at length when in draft form. In addition the committee has considered recent developments relating to assisted dying.

2009 was my third full year on the Committee and the work continues to give me a fascinating insight into a broad range of issues outside of my normal practice. It is clearly important for the Faculty to maintain a presence on this important committee.

Bob Jefferson

REPORTS FROM CONSTITUENCY ELECTED TRUSTEES

SCOTLAND

Occupational Medicine, Public Health and General Practice share a specialty training board in Scotland. This continues to facilitate the promotion of occupational medicine more widely in specialist training. In this context, work is underway to develop formal placements in occupational medicine for trainees in general practice post completion of training. In addition, efforts are being made within the specialty training board to have six month placements in occupational health recognised as appropriate training for general practice.

Alastair Leckie has been appointed as National Programme Director for occupational health training in Scotland and Liz Murphy as Deputy Regional Specialty Adviser in the North of Scotland. Eugene Wacławski's appointment as Observer to the Board of the Royal College of Physicians and Surgeons of Glasgow has been well received. Efforts are under way to improve occupational health representation with the Royal College of Physicians of Edinburgh.

The Scottish Government is hosting a meeting, to be held shortly, between NHS leads of Occupational Health, Directors of Public Health and Medical Directors to provide them with the information and networks to enable them to provide the strategic leadership to take forward *Health Works*, the Scottish Government's strategy on Healthy Working Lives.

Of concern is the fact that the number of industry based training posts in Scotland has fallen from an historic high of six to two in recent years and means of reversing this are being considered.

I represent the Faculty in the Academy of Medical Royal Colleges and Faculties in Scotland and have recently been appointed as their representative on SIGN (Scottish Intercollegiate Guidance Network) Council. This is an opportunity to raise the profile of occupational health matters when considering the development of the guidelines produced by the group. It is considered that the Faculty should be represented on SIGN Council on its own account and I will endeavour to achieve this.

Of course, throughout the year, considerable work has been and continues to be carried out to plan the Society of Occupational Medicine Annual Scientific Meeting, taking place in Edinburgh from 6 – 9 June 2010. This meeting is especially significant as it coincides with the 75th Anniversary of the Society.

Steve Ryder

WALES

Occupational Health continues to be supported by the Welsh Assembly Government, and progress continued in 2009, although this time much of it was in the background and was less visible.

The Task & Finish Group set up by Mansel Aylward produced its report early in 2009 and submitted its findings to the Minister. The Group recommended that occupational health could be improved with the following recommendations:

- A national occupational health service should be provided as part of an integrated approach to improve the health of the working age population. This service should be core to the NHS and made economically viable by contributions by employers.
- It is essential that the public sector leads by example in providing appropriate occupational health services for their staff. Minimum standards for occupational health should be set for NHS Wales organisations and Local Authorities and enforced appropriately.
- The existing bursary training programme for nurses should be extended to support the training of occupational physicians to increase the capacity of NHS Wales to provide occupational health services to the community and businesses.
- Investment is required in the academic and research base for occupational health to ensure that service design is evidenced based.
- Occupational health activity across Wales should be mapped to include other professionals.

The Minister accepted these findings and asked him to form a new group to consider how they could be taken forward. That group is still working.

The National Specialist Advisory Group (NSAG) continued working in 2009. In July it formally took over the work of the Faculty's own Welsh Affairs Forum (WAF). The WAF was set up to advise the Faculty on developments in the specialty within Wales. Much of its work overlapped with that of the NSAG although reporting lines were different, so it made sense to combine them both into a single organisation with links to both the Faculty and the Assembly. As the Faculty representative on the NSAG, I provide the link with the Faculty.

REPORTS FROM CONSTITUENCY ELECTED TRUSTEES (continued)

With regard to the progress made in 2009, we are continuing to look into alternative ways of delivering occupational health in Wales, and we have the support of the Welsh Assembly Government in that. Inevitably, this takes time because many different interests are involved. The whole of the NHS in Wales has undergone a major reorganisation in recent months, and that is by no means complete. This is making it more difficult to make progress than it might otherwise have been, though this should only be temporary.

During 2010, we intend to build on the progress made in the last few years. The NSAG will continue to meet, and we look forward to Mansel Aylward's further report. We hope that it will provide a significant impetus to the development of occupational health in Wales, and we intend to work with the Assembly to build on that.

Geoff Denman

NORTHERN IRELAND

Specialist planning

The Specialty Training Committee has been exploring possible expansion in trainee numbers in Northern Ireland (NI). Meetings have taken place with the Postgraduate Dean and the Department of Health, Social Services and Public Safety (NI) in the Autumn of 2009. Unfortunately we were unsuccessful in securing a second funded Specialty Trainee post in Northern Ireland. We therefore continue with one health service specialty trainee every four years and with the current financial situation, this is unlikely to change in the foreseeable future. The current specialty trainee will complete training in January 2011.

The Northern Ireland Faculty Affairs Forum

The NI Faculty Affairs Forum membership was reviewed in 2009 and the members are as follows: - Dr Delia Skan (previous Board member for NI), Dr Bill Jenkinson (Regional Specialty Adviser), Dr Ken Addley (FOM Ireland representative), Dr Benita McCarthy (Trainee representative).

Education

The 4th Annual Health and Social Care Occupational Health Service conference took place on 12 March 2009. The conference included a breakfast briefing focusing on leadership followed by a workshop devoted to clinical effectiveness in conjunction with the Occupational Health Clinical Effectiveness Unit.

The NI Group of the Society of Occupational Medicine continues with its four educational meetings per year.

An education programme for general practitioners in Northern Ireland began in February 2009. This was in collaboration with the Northern Ireland Medical and Dental Training Agency (NIMDTA). The meetings included discussions on fitness certification and presented a number of case scenarios. Feedback has been extremely positive scoring mostly 8-10 with some very positive comments. Interesting feedback received from GPs included aiming for:

- better communication with occupational health professionals
- working in partnership with occupational health professionals
- advice on complex cases or in cases involving a conflict of opinion
- agreement with the case management approach of occupational health and they look forward to the Faculty online resource.

We plan to roll the programme out further to GPs throughout the province and are exploring how we can become involved in GP registrar training in occupational medicine.

Undergraduate Teaching

Efforts to progress the increase and further development of undergraduate teaching in occupational medicine in Queen's University Medical School continue. Meetings have taken place with the director of medical education; unfortunately to date we have been unable to secure a suitable slot in the undergraduate timetable. We will continue to progress this in 2010.

Joint conference with FOM (Ireland) – 1 October 2010

Planning for this conference has been ongoing in 2009. The Canal Court Hotel, Newry City has been booked and a programme drawn up in conjunction with Faculty of Occupational Medicine (Ireland). Dr Philip McGarry (NI Chair of Royal College of Psychiatrists, and Dr David Johnston (NI Chair of Royal College of General Practitioners) have agreed to support the meeting, advertise to psychiatrists and GPs and encourage attendance. Ground work has been undertaken by Anna McNeil at the Faculty to whom we are very grateful.

Local Consultations

The NI Faculty Forum has responded to the NI version of the consultation document on Reforming the Medical Statement and a copy of the response was sent to the Faculty. The Department of Social Development (DSD) in Northern Ireland will be responsible for implementation of the "fit-note"

and the Faculty Forum are currently in communication with the DSD around practical implementation steps which are required such as the education material for GPs, occupational health professionals and employers.

Standards for UK OH services

Belfast Health and Social Care (HSC) Trust Occupational Health Service has completed the pilot on the Faculty Standards and found it a very worthwhile and rewarding exercise.

Mental health at work

Mr Martin Bradley, Chief Nursing Officer, Northern Ireland has had a meeting with the Royal College of Psychiatrists (NI) to explore the issue of mental health at work. We have had a provisional meeting with Dr Philip McGarry and colleagues, Royal College of Psychiatrists (NI) to discuss the provision of mental health support to HSC employees. Discussions took place about the work being undertaken by Dr Peter Verow/ Association of NHS Occupational Physicians (ANHOPS) on 'The health of doctors/health professionals'. We are planning a short survey of psychiatrists in Northern Ireland concerning the number of doctors being seen and treated by Specialist Mental Health Services and this will run in conjunction with an audit of doctors attending HSC occupational health services. We also plan to set up a number of review meetings with Dr McGarry and will be planning a meeting with Mr Martin Bradley in early 2010. This will tie in quite nicely with the ongoing work of ANHOPS and the Faculty on Care Pathways for the enhanced competencies for the occupational health management of health professionals.

Martin Tohill

SPECIALIST/SPECIALTY REGISTRARS

Trainees in occupational medicine have had the opportunity to feedback to the Faculty through their representative on the Board. More feedback is required from all trainees, especially new curriculum trainees as new systems of assessment and appraisals are being introduced and utilised. Issues such as external assessment, new dissertation regulations, workplace-based assessment and the two-part Membership examination are at early stages and trainee input would be useful.

There has been some interest by trainees in developing a Faculty website which was raised at the Faculty meeting in January 2010. There is now a plan to develop the training section of the Faculty website.

Academy of Royal Medical Colleges Trainee Doctors Group (ADTG)

- *Representatives:* Occupational health has been allocated as one of the ATDG representatives on the Joint Medical Consultative Committee
- *Medical Education England (MEE) representation:* The Academy was assigned four seats filled by Presidents of the Colleges on MEE board and the ATDG were subsequently worried about the under representation of trainees.
- *Web pages:* The ATDG web pages were launched in December 2009. The aim of this site is to provide a view on relevant issues to college registered trainees.
- *Topics:* One of the recent topics of discussion has been the proposed reduction in specialty training numbers. The ATDG feels there is a need to match accurately training numbers to prospective consultant vacancies to protect against the creation of a sub-consultant grade, and that this is likely to require a reduction in training numbers in at least some specialties. However it has been highlighted that in some specialties, including occupational medicine, we would not wish to see a reduction in training numbers.
- *European Working Time Directive (EWTG):* discussions have been taking place about the potential impact of reduced working hours on the quality of training. This appears to be causing particular concern in certain specialties. The directive is unlikely to impact significantly on occupational medicine training and no occupational medicine trainee whose work hours exceed the EWTG has been identified. Some specialties are concerned that the reduced working hours are impacting on training experience. This highlights the importance of good quality training and 'Training the Trainers' which is relevant for occupational medicine
- *Pre/post credentialing and Waypoint:* ATDG remained concerned about the implication of this as there was a feeling that this might result in creation of sub-consultant grades for service delivery purpose which could undermine the specialist training and Certificate of Completion of Training. value. The suggestion of a 'waypoint' aimed to introduce a single accreditation point during specialist training with clear specialty specific indicators of what level of service provision trainees would be able to provide at this point. ATDG were similarly concerned that this may lead to creation of sub-consultant posts.

Ali Hashtroudi/Clare Piper

**Annex 3 :
Award of Fellowship for 2009**

**Annex 4:
Award of Membership for 2009**

**Annex 5:
Award of Associateship for 2009**

**Annex 6:
Award of Diploma in Occupational Medicine**

**Annex 7:
Award of Diploma in Aviation Medicine**

**Annex 8:
Award of Diploma in Disability Assessment
Medicine for 2009**

ANNEX 3

Award of Fellowship for 2009

A S C Allison
B S Blackburn
A J Bray
N J Cordell
I M M Gemmell
J A Halliday-Bell

F Macdonald
J G Mackie
P J L M Oliver
J K Ross
S Saravolac

Honorary

Air Cdre W J Coker
Dr T K Joshi
Dr H T Lupa

ANNEX 4

Award of Membership for 2009

Winner of the 2009 Peter Taylor Award
(for the best dissertation submitted):

Dr C S P Lian

A F Adeodu
M Ali
K M Allan
A Barz
A R Benc
M W C Cheesman
I Czekaj
M A A M Fernandes
P S Ghura
M M R Girgis
S B Glen
T S Greenish
S Haq
A A Hashtroudi
R G Hermanns
S P Iley
A Junker
D Laloo

R Ledda
C S P Lian
M Mansouri
M L Mills
S H R Naghavi
J A M Paardenkooper
R Pandey
M Patel
D Phelan
A M Rhodes
C M Rost
J A Schreiber
K Schuchert-Wuest
J C Tremlett
M L Wackerle
F Westbrook
R D S Wylie
B F L Yew

ANNEX 5

Award of Associateship for 2009

January 2009 examination

K Asanati
C J Atkinson
J Ballard
H S Bryden
G Earnshaw
E Gaal
S Gillibrand
H L P Hui

R G H Jones
C J P McGarry
M Menon
S D Roy
G M Schiffer
J E Scotton
D Wong

*No. of candidates sitting: 27
No. of candidates passing: 15
Percentage passing: 56%*

June 2009 examination

Winner of the 2009 William Taylor Prize
(for the highest overall score)

Dr G Earnshaw

G Ahmad
A M Bedomir
G A Brain
R Caddis
R J Ede
D R Fyfe
S M Galey
Y A Habbab
C K Hari Krishnan
D C Haseldine

M Kelly
A M Marshall
P P Oliver
C L Piper
P J Schofield
M Shah
S Sinai Priolcar
R R Stilz
M F M van Kets
D I Walsh

*No of candidates sitting: 34
No of candidates passing: 20
Percentage passing: 59%*

ANNEX 6

Award of Diploma in Occupational Medicine for 2009

May 2009 examination

S Alg
K Ali
K G H Bailey
V L Barrett
J Y Bax
P C Beatson-Hird
W J Coker
L De Maar
S Debar
I M Donnellan
A O Edet
J R Geddes
C J Hall
H A U Haq
R D Hardman
D D Hazell
N E Hird
M Hussain
M E Jacklin
J D Keel
A L Keeling
M Kumar

S S Ladha
R M Lee
S Logan
A-L Mackinnon
A D Murray
T E Mustafa
D D Mwanmut
L K V Norman
G A O'Hare
A K Pasha
J A Pfang
B Rah
S S Ramanathan
D Reetoo
T Sham
R R Sheikh
S J Stacey
K L Targett
M J Turner
P J Wilcox
C G Wilkinson
M G P Wong

*No of candidates sitting (able to pass full diploma at this
sitting): 57
No. of candidates passing: 44
Percentage passing: 77%*

ANNEX 6

Award of Diploma in Occupational Medicine for 2009 (continued)

November 2009 examination

Winners of the 2009 AstraZeneca Awards

(for the highest overall score)

Dr R D Hardman
Dr K Murray
Dr K L Targett

I Anderson
R Assadourian
S S Bahia
V L Beveridge
A C J Burdon
J P Carlton
J F Cassidy
S S Chohan
E A Clarke
A Dash
N J Dear
S U Din
C B Fatoyin
P J Guider
S Jina
R Kacker
V Kapoor
D J Kerr
A Latif
N M Mann
B S McDonald

K Murray
I Nadeem
C J Okala
C N Okoli
K C Oraegbuna
R S Patel
R S Prajapati
A Raghunath
N Rajagopal
K S Roue
I Rustom
S P Sivaprakasam
R Sukku
H W I Thomas
M J S Weir
D M Welikele
S Wild
P D Williamson
D B Winfield
S Yasin

No of candidates sitting (able to pass full diploma at this sitting): 51

No. of candidates passing: 41

Percentage passing: 80%

ANNEX 7

Award of Diploma in Aviation Medicine for 2009

The following prizes are awarded by the Faculty approved Kings College London Diploma course

Winner of the Stewart Memorial Prize (for the best examination performance from a student on the DAvMed course)

Dr S M Cheong

B J Barker
N Q Bastaki
R-W Chang
S M Cheong
C E Eze
M M R Girgis
S L Hall
D G Harper
P D Hodgkinson

R G Kennedy
N A Khan
W J Low
S N Paul
M C Philpott
H Sadiq
R J Sloane
M U Umair

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

Dr H Sadiq

No. of candidates sitting: 21

No. of candidates passing: 17

Percentage passing: 81%

ANNEX 8

Award of Diploma in Disability Assessment Medicine for 2009

Winner of the 2009 Corporate Health Prize
(for the best performance in the examination)

Dr E J McDermott

J R Bolton
L C Ekong
S J Ekong
S Faisal
E J McDermott
D S Seehra
D Stevens
G Suveizdis

No of candidates sitting: 11
No of candidates passing: 8
Percentage passing: 73%



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