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Faculty of Occupational Medicine
of the Royal College of Physicians



2010

**TRUSTEES' 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
- providing support to the Faculty's membership to raise the standard of occupational health practice

Contents

REPORTS:	Introduction	4
	Board of Trustees, Officers and other key appointments	5
	Principal advisers	6
	Reference and administrative information	6
	Structure, governance and management	7
	Objectives and activities	9
	Promotion of occupational health and occupational medicine	10
	Education and training	14
	Professional development and standards	19
	Membership	23
	Governance, resources and internal matters	25
	Finance review	27
	Objectives for 2011	29
	Statement of Trustees' responsibilities	32
ANNEX 1:	Audited accounts for the year ended 31 December 2010	33
	Independent auditors' report	34
	Statement of financial activities	35
	Balance sheet	36
	Notes to the financial statements	37
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 2010.		
ANNEX 2:	List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, representatives and those who have examined and acted as assessors in 2010	45
	Reports from representatives on other bodies	53
	Reports from constituency elected Trustees	59
	Scotland	59
	Wales	59
	Northern Ireland	60
	Specialist/Specialty Registrars	60
ANNEX 3:	Award of Fellowship for 2010	63
ANNEX 4:	Award of Membership for 2010	63
ANNEX 5:	Award of Associateship for 2010	63
ANNEX 6:	Award of Diploma in Occupational Medicine for 2010	64
ANNEX 7:	Award of Diploma in Aviation for 2010	65
ANNEX 8:	Award of Diploma in Disability Assessment Medicine for 2010	66

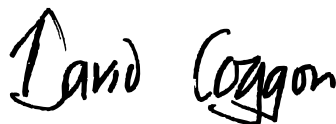
Introduction

We are pleased to present this report of what has again been an extremely busy year for the Faculty. A major influence on our activities has been the change in Government following the general election in May. As always, we are keen to work constructively with Government in pursuit of our charitable objectives, and it is encouraging that the new administration has recognised the importance of employment not only for the national economy, but also for the health and well-being of the working age population and their families. Moreover, it has embraced many of the promising policies that were initiated by its predecessor following Dame Carol Black's report, *Working for a Healthier Tomorrow*. This has included support for SEQOHS (Safe Effective Quality Occupational Health Service), the scheme of standards and voluntary accreditation of occupational health services that we have been developing over the past two years, and which is now close to becoming operational. In our communications with new Ministers, we have been guided by our strategic vision for future delivery of occupational health care nationally, which was agreed by the Faculty Board early in the year, and can be found on our website.

We welcome the Government's decision to slow the introduction of revalidation for doctors, a process in which the Faculty will have an important role. In response to our representations, we have been listed among the organisations that will appoint Responsible Officers to assess applications for revalidation, a sensible provision given the high proportion of occupational physicians who work outside medically managed organisations, and the differences in their work from that of most other medical practitioners. The Faculty is now piloting systems for revalidation. This takes time, but it is important to achieve an appropriate balance. If revalidation consumes too much expensive medical time, the public will not be best served.

Occupational health is less immediately affected than other specialties by the Government's major reorganisation of the National Health Service (NHS) in England, since it operates largely outside the NHS. However, the reforms do offer opportunities to improve the health of the working age population, and we are making the case for inclusion of occupational health expertise in the public health teams that will be established within local authorities. At the same time, we must be vigilant in a time of rapid upheaval that changes do not inadvertently compromise occupational health care because impacts on practice outside the NHS are overlooked. An example is the planned reorganisation of training for the healthcare workforce, which as we have pointed out to Government, does not address adequately the needs for trained staff to work outside the NHS.

It has now become clear that substantially fewer doctors are entering specialist training in occupational medicine than several years ago. This appears to reflect both a decline in the number of training posts, especially in the private sector, and also a reduction in the number of doctors seeking training. In response, the Faculty is undertaking a review of the future need for specialist occupational physicians nationally, and will use this as a basis on which to press for any changes that are required to increase recruitment.



David Coggon
President

Board of Trustees, Officers and other key appointments

THE BOARD AND CHARITY TRUSTEES

The Board of Trustees (called the Board) comprises the charity trustees of the Faculty of Occupational Medicine. Except where indicated, the following all served in office throughout 2010:

Professor David Coggon	President
Dr Olivia Carlton	President-Elect (from 1 November 2010)
Professor Raymond Agius	Universally elected member (from 27 May 2010)
Dr Ian Aston	Elected representative of Regional Specialty Advisers (to 27 May 2010)
Professor Sherwood Burge	RCP Representative
Dr Geoff Denman	Elected representative of Wales (to 27 May 2010)
Dr Mike Gibson	Universally elected member
Professor Sir Ian Gilmore	RCP President (to 27 July 2010)
Dr Peter Graham	Lay representative (nominated by the Confederation of British Industry)
Dr Marjorie Greasley	Universally elected member
Dr Ioana Kennedy	Universally elected member
Dr Philip McIlroy	Universally elected member
Col Jeremy Owen	Elected representative of Regional Specialty Advisers (from 14 July 2010)
Ms Sarah Page	Lay representative (nominated by the the Trades Union Congress) (from 30 March 2010)
Dr Clare Piper	Specialist/Specialty Registrar representative
Mr Hugh Robertson	Lay representative (nominated by the Trades Union Congress) (to 31 January 2010)
Dr Steve Ryder	Elected representative of Scotland
Dr Chris Sharp	Universally elected member (to 27 May 2010)
Dr Julia Smedley	Universally elected member
Sir Richard Thompson	RCP President (from 27 July 2010)
Dr Mike Tidley	Elected representative of Wales (from 27 May 2010)
Dr Martin Tohill	Elected representative of Northern Ireland

OFFICERS

Except where indicated, the following held office throughout 2010:

Dr Lisa Birrell/ Dr Ray Johnston	Registrar (Deputy President) (to/from 27 May 2010)
Professor Keith Palmer	Academic Dean (Deputy President)
Dr Simon Sheard	Treasurer
Col Jeremy Owen/ Dr Ian Aston	Director of Training (to/from 27 May 2010)
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 Tokeer Hussain	Chief Examiner AFOM/Part 2 MFOM
Dr Alan Bray	Deputy Chief Examiner AFOM/ Part 2 MFOM
Dr Steve Boorman	Chief Examiner DOccMed
Dr Moira Henderson/ Dr Sylvia Awbery	Chief Examiner DDAM (to/from 1 February 2010)
Gp Capt David Gradwell	Chief Examiner DAvMed
Dr Katherine Venables	Chief Examiner Research Methods
Dr Keith Pilling	Chief Examiner Accredited Courses and Qualifications (to 15 January 2010)
Professor K Holland-Elliott	Chief Examiner Workplace-Based Assessments (WBA)
Dr Lucia Batty	Deputy Chief Examiner Workplace- Based Assessments (WBA) (from 22 March 2010)

Principal advisers

Bankers:	Lloyds TSB Bank plc Langham Place Branch PO Box 1000 BX1 1LT	Halifax Bank of Scotland International Limited 231-233 New Street St Helier Jersey Channel Islands JE4 8YW
	Santander UK plc 2 Triton Square Regent's Place London WC2N 6NJ	Scottish Widows Bank plc PO Box 12757 67 Morrison Street Edinburgh EH3 8YJ
Solicitors:	Hempsons Hempsons House 40 Villiers Road London WC2N 6NJ	
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:

New Derwent House
69-73 Theobalds Road
LONDON
WC1X 8TA
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 2010 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



Above right: Members of the Board and Executive after the Annual Meeting on 27 May 2010 From left to right Back row: Peter Graham, Mike Gibson, Philip McIlroy, Ian Aston, Simon Sheard, Rob Thornton Front row: Keith Palmer, Ray Johnston, Julia Smedley, David Coggon, Ioana Kennedy, Marjorie Greasley, Dil Sen Not present: Raymond Agius, Sherwood Burge, Nicky Coates, Sir Ian Gilmore, Jeremy Owen, Sarah Page, Clare Piper, Steve Ryder, Mike Tidley, Martin Tohill

GOVERNING DOCUMENT

The Faculty is governed by its Standing Orders dating from 1978 and last amended in May 2010.

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 then 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 up to a maximum period of six consecutive years in one post if the Board so decides. The Executive Committee usually meets eight times a year, in the months that the Board does not meet, and is chaired by the Registrar.

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

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

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.

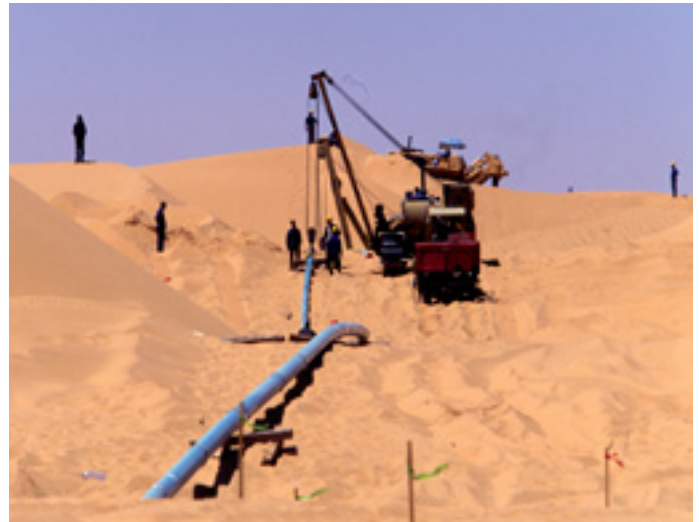
The Trustees have referred to the guidance issued by the Charity Commission and the Office of the Scottish Charity Regulator on public benefit when reviewing the Faculty's aims and objectives and in planning future activities. In particular, the Trustees consider how planned activities will contribute 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 2010, 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 2011 are set out on pages 29-31.

Promotion of occupational health and occupational medicine



In addition to the interactions with Government outlined in the introduction to this report, the Faculty worked with various other partners during 2010 to promote better provision and delivery of occupational health care.

We made substantial input to a report by the Council for Work and Health (of which we are a member organisation) on the need for an improved system of training and qualifications for occupational health nurses. Views were sought from the Chief Nursing Officers of the four home countries, and the matter is now being taken forward in discussion with the Nursing and Midwifery Council. We also assisted in the development of a parallel report on training for allied health professionals who work in occupational health, and in an ongoing project to generate guidance for small and medium-sized employers on more effective communication with general practitioners about arrangements for return to work when employees are off sick.

Funding was obtained from the Academy of Medical Royal Colleges to continue a project that we have been leading, which explores how Colleges and Faculties can do more to promote good practice in environmental medicine. The working group held its final meeting in November, and a report was sent to the Academy in April 2011 and will go to the relevant Colleges and Faculties.

In collaboration with Patrick McDonald, the Health and Safety Executive Chief Scientist, a report was compiled on an impending generation gap in various academic disciplines

(including occupational medicine) that contribute to risk assessment for chemical and physical exposures in the workplace and wider environment. The report concluded that there are major threats to Government departments and agencies which rely on these academics to train the scientists whom they employ, and to provide independent external expertise through membership of scientific advisory committees. Actions were recommended to alleviate the problem. The report was discussed with Sir John Beddington, the Government's Chief Scientist, who recognised the dangers it identified, and is considering how to address them.

The Faculty also made input to Government policy following on from the Boorman review of the health of the National Health Service (NHS) workforce. In particular, the President led a small working group (all but one of whom were Faculty members) in developing guidance on the routine collection and analysis of data to monitor and support the delivery of occupational health care and the promotion of well-being for the NHS workforce.

Towards the end of the year, a new project was started that will produce evidence-based guidance on occupational health assessment for drivers of emergency vehicles (eg in the police, fire and ambulance services). This is an area in which best practice currently is not well defined, with inconsistencies in the standards of fitness that are applied for such duties. In addition, work began towards new editions of the Faculty's *Guidance on Ethics for Occupational Physicians* and of its textbook on *Fitness for Work*.

OBJECTIVES FOR 2010:

- 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 general practitioners 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:
 - o Offering electives/placements/visits to undergraduates and Foundation Year (FY) and other interested doctors
 - o Using student/FY interactions with occupational health constructively, to promote occupational medicine
 - o Establishing a lead dean for private sector occupational medicine training
 - o Providing advice and support to private sector companies wanting to establish posts
 - o Allowing part time trainees to do other part time medical work in parallel eg in general practice
 - o Developing dual qualifications eg with public health and psychiatry
 - o Developing NHS/industry rotational posts
 - o Allowing training to start at Specialty Training Year 1 (ST1)
 - o Shortening training from 4 to 3 years for those with relevant pre-existing qualifications
 - o Establishing a trainee support group
 - o Establishing deanery subsidy for private sector training posts – either by an annual subsidy per trainee of circa £20,000 or by the deanery paying the full costs of posts where rotation includes the private sector
 - o Protecting salaries of specialists who transfer to occupational medicine training – as in general practice and public health
 - o Addressing lack of pay parity between occupational medicine and other trainees
 - o 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 (CfW&H), 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 (HSE), Health Protection Agency, Department of Health (DH) and Department for Work and Pensions (DWP)



- Liaise with chief medical officers (CMOs) 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

IMPACT:

- There has been frequent contact with the National Director for Health and Work and Chief Medical Advisers of the DWP and HSE. A joint letter with the SOM was sent to Ministers in the new Government, and was followed by a meeting. The Faculty is in regular liaison with Dr Andrew Murrison MP (Parliamentary Private Secretary to the Secretary of State for Health and specialist in occupational medicine). The Faculty is represented on the DH Task and Finish group on workforce health in the NHS, and the President has led a subgroup on data to support occupational health in the NHS. The Faculty responded to several DH consultations on reorganisation of the health service

- The Healthy Working UK (HWUK) website and eLfh (e-Learning for Healthcare) were launched in May and the Faculty is represented on the HWUK Editorial Board. The Faculty contributed to a series of return to work leaflets, launched in July by the Royal College of Obstetricians and Gynaecologists. A new mental health project has been started with the Royal College of Psychiatrists and the Faculty is supporting work on an awareness package for secondary care
- The Faculty published its national strategy 'Future Directions for Occupational Healthcare in the UK - A strategic overview' in February 2010 and is taking forward the recommendations
- Updates on recruitment of specialist trainees have been given to the Executive and Board. The subject was discussed at the October awayday and a paper on manpower planning is nearing completion. A response to the DH consultation on the healthcare workforce is in preparation
- In addition to the letter to medical schools, referred to below, consideration is being given to extending the Mobbs Travelling Fellowships to medical students
- The London and Birmingham BMJ Fairs were attended by staff and members, and exhibition stands were loaned to fairs at Leeds, Sheffield and Bedfordshire Universities
- A website section with profiles of occupational physicians is nearing completion

- Medical students will be emailed once the profiles section of the website is completed
- A joint letter from the President and Dame Carol Black was sent to 25 medical schools in May
- The number of UK occupational physicians required was discussed at the Board's awayday. A paper on this is in preparation
 - An electives/placement initiative for junior doctors has been established in the West Midlands; the London Deanery has plans to adopt a similar model
 - Consideration of using student/Foundation Year interactions with occupational health constructively, to promote the specialty has been deferred
 - A Lead Dean for the private sector has been judged to be inconsistent with other actions, and so is not being pursued
 - The Director of Training is progressing advice and support to private sector companies wanting to establish training posts
 - There is no general bar to part-time trainees undertaking other part-time medical work in parallel, although some postgraduate deans will not allow this
 - The case for dual qualification has been investigated but has proved problematic
 - The Faculty has discussed developing NHS/industry rotational posts with the Postgraduate Medical Education and Training Board and latterly the General Medical Council (with which it merged in April 2011), which is supportive and is encouraging the Lead Dean
 - Allowing training to start at ST1 is now considered neither practical nor a priority
 - Shortened training for those with relevant pre-existing qualifications is an established option
 - The Director of Training is discussing the establishment of a trainee support group with the trainee representative on the Board
 - A deanery subsidy for private sector training posts has been discussed with Dame Carol Black and the Lead Dean, but has been overtaken by proposed reforms to training for the healthcare workforce
 - The issues of salary protection for doctors transferring into the specialty, and lack of pay parity between occupational medicine and other trainees (consequent on shorter working hours) are unlikely to be resolved in the current economic climate
 - Making occupational health an integrated part of the NHS is being addressed through the Faculty's strategy document, and in correspondence and discussion with Ministers
- Academy of Medical Royal Colleges funding was secured for the second phase of an environmental medicine project, led by the Faculty, the final report from which was completed in April 2011

- The report from a workshop held in October 2009 to consider recruitment and training in academic applied sciences has been discussed with the Government's Chief Scientist
- A curriculum for occupational physicians who care for health practitioners has been finalised and funding secured for workshops in November 2010 and February 2011
- The Faculty is using restricted funds to develop guidance on health requirements for professional blue-light drivers, as Government funding was unavailable. A clinical lead has been appointed and the first meeting of the drafting group took place in November
- The President and Academic Dean published an article on *Assessing fitness for work and writing a "fit note"* in the *British Medical Journal*
- Close liaison with the SOM has continued throughout the year and work with the CfW&H has included a review of occupational health nurse training and guidance on occupational health qualifications
- Contact with the CBI has continued and contact was established with the Association of British Insurers. There has been regular liaison with HSE, DH and DWP, and meetings with the DWP Chief Medical Advisor and HSE Chief Executive
- A meeting with CMOs of major companies was held in December
- The specification for the new website is almost finalised; companies to tender have been identified and expert input to the selection process secured
- The launch of the standards for occupational health services in January 2010 attracted significant press coverage
- The standards were launched in January. The tender for operation of the accreditation scheme was completed, a provider selected, and the accreditation system launched in December

Education and training

ASSESSMENTS AND SPECIALIST TRAINING

2010 witnessed the final year of implementation of a new curriculum and revised methods of assessment for higher specialist training. Elaboration of the new system's ingredients – a revised competency framework, replacement of the old examination for AFOM (Associateship of the Faculty) with a two-part examination, new on-the-job workplace-based assessments (WBAs), amended assessment procedures for the research dissertation, and fresh underpinning regulations and guidance – has taken place stepwise since 2007, culminating in the last quarter of 2010 when the new Part 2 Membership examination was launched.

The planning of this last event proved a huge undertaking. The workload was shared by four committees – the old AFOM Advisory Group in overall charge, with subgroups working separately on the Multiple Choice Question (MCQ) paper, Modified Essay Question paper, and Observed Structured Practical Examination assessments. Banks of questions were laid down; test items and procedures were piloted among trainee volunteers and examiners; familiarisation training days for examiners were staged in February and September; scoring schemes were refined and pass standards laid; and new regulations and guidance were published.

Various educational events were staged to support implementation of the training curriculum. In January, the Chief Examiner Research Methods with colleagues organised a well-received workshop at which trainees presented dissertation proposals for discussion, and received feedback from trainers, assessors, and members of the Academic Forum. In September, a WBA training day was held at the Wellcome Conference Centre in London; the 40 delegates gave positive feedback, and a follow-up event is planned for 2011. The WBA Advisory Group also undertook a study to gauge the reliability of WBAs in the hands of assessors and trainers.

The transition from old to new curriculum has been remarkably smooth. The Part 1 Membership examination continues to perform in line with expectations; the assessment timetable for dissertations has tended to shorten; the new Membership Regulations have worked, subject to minor housekeeping changes in 2010; WBAs appear to have been quite well received; and the first sitting of the Part 2 examination happened on time and as planned.

TRAINEE RECRUITMENT

In the event, however, only four trainees attempted that sitting, probably reflecting the downturn in recruitment



highlighted in recent annual reports. Against a long-run average of 27 awards of Membership per year (since 2000), only 18 Specialty Registrars (StRs) were recruited in 2008, and 14 in 2009. 2010 saw this disappointing trend stabilise but not reverse, with 14 StRs taking up approved training posts. Fewer trainees were enrolled by the year-end than at any time since 1997 – down a quarter from 2008.

The challenge posed by this fall-off in numbers plays through to arrangements for assessment. Specifically, the September Part 2 MFOM examination sitting ran at a loss which is unsustainable going forwards. Rather than increase the examination fee (by 50-60%) to cover costs, the Faculty has elected to reduce the examination's frequency, following the June 2011 sitting, to an eight-monthly rather than a six-monthly cycle. To mitigate the impact on the training timetable, there have been corresponding amendments to the MFOM Regulations, allowing trainees flexibility to enter the examination earlier in their training and without the precondition of first submitting their research dissertation. The new rules take effect in 2011.

StR recruitment was conducted nationally in 2010, despite reservations of the Faculty. The event was marred by problems arising from the Department of Health's (DH's) drive towards harmonisation, as inappropriate modifications to the model person specification caused confusion and delay. The Faculty is working with the Department to avoid a recurrence of the problem in future.

APPEALS PROCEDURES

A new set of examination appeal rules and procedures was implemented in 2010, following earlier review. The revised



guidelines aim to improve transparency over expected timescales, outcomes, grounds for appeal, and exceptional personal circumstances; a revised fee structure aims to ensure that costs are equitably met.

MEMBERSHIP *AD EUNDEM* AND SPECIALIST ACCREDITATION OUTWITH UK SPECIALIST TRAINING

In 2009, the Faculty's Standing Orders were modified to extend Membership (*ad eundem*) to occupational physicians who qualified in the European Union and were listed on the specialist register via the European Specialist Medical Order. During 2009-10, 15 doctors were awarded Membership by this route, most of whom reside and practise in the UK. A further four doctors applied to become specialists in occupational medicine in 2010 via the CESR (Certificate of Eligibility for Specialist Registration) route to higher specialist accreditation.

EXTERNAL RELATIONS

During the year a panel of the Postgraduate Medical Education Training Board (PMETB) reviewed evidence submitted by the Faculty under the "Review of the Specialty or Subspecialty Curriculum and Associated Assessment System". The Faculty's report laid out the entire curriculum and assessment system and described how these comply with 17 expected standards and sub-standards; a face-to-face meeting was also held. Unconditional approval was received by the second quarter, with no substantive requirements for change.

Earlier, in January, the Faculty was consulted on proposals for the General Medical Council (GMC) to merge with the

PMETB; this merger ensued in April. The regulator continues to receive annual reports on training from the Faculty and to conduct periodic quality assurance checks. It also issues periodic advice, some of which caused consternation.

In April, to universal surprise and discontent among the wider medical community, it was stated that examinations taken outwith approved training could not count towards a Certification of Completion of Training (CCT). The Faculty, like other Colleges, allows certain exemptions to StRs (for example, those who have recently passed the Faculty's Diploma in Occupational Medicine are not required to sit the Part 1 MFOM examination, which entails an identical MCQ), and the ruling threatened this proportionate concession. Fortunately, the GMC altered its stance. Policy now states that "all doctors who are already in specialty training, or who enter specialty training by 31 October 2012, will be able to have any valid passes in previously approved national professional examinations counted towards a CCT, even if those passes were obtained outside approved training". The GMC is consulting on arrangements beyond 2012.

The year also saw constructive liaison meetings with the new lead Dean for Occupational Medicine, Liz Hughes, and with the London School of Occupational Medicine. Looking to 2011, however, a Government White Paper on training NHS staff (*Liberating the NHS: Developing the Healthcare Workforce*), when allied with the abolition of Strategic Health Authorities (the owners of the Deaneries and a £5 billion central training budget), portends reorganisation affecting Deaneries and Schools. The core proposal is that budgetary and planning responsibility be devolved to local Trusts, supported by 'skills networks' of general practitioners (GPs), managers, educationalists and patient representatives.

The Faculty is concerned that a locally autonomous model ill-suits a small nationally organised specialty with regular turnover of providers, atypical funding streams, and free movement of doctors across NHS and private sectors.

TRAINING IN PRIMARY CARE

In May, a training package on health, work and well-being, originally developed by the Faculty and funded by the Department for Work and Pensions (DWP), was embedded within *e-GP* (the Royal College of General Practitioners' (RCGP) internet learning tool for GPs) and launched online learning as *Health e-Working* (<http://www.e-lfh.org.uk/projects/healtheworking/index.html>).

Healthy Working UK (<http://www.healthyworkinguk.co.uk>), a free access website for primary care, was launched around the same time. This DWP-sponsored resource was developed by the RCGP, the Faculty, and the Society, and based closely on the *Healthy Working Wales* pilot (Cardiff University). The website offers "...timely access to information, training and decision aids, to support the management of health and work", as well as advice on completing a Fit Note. Separate sections support doctors from England, Scotland and Wales. Work is afoot to develop iPhone and Android apps and to market the site more actively. To maximise integration, *Healthy Working UK* will also make *Health e-Working* and a parallel package for secondary care practitioners available as online learning resources.

The Faculty relies heavily on its members, staff, and officers to achieve its charitable aims, especially those supporting education and training. We thank these many parties for their generous and wholehearted contribution in 2010, and invite their continuing assistance over the coming year, and that of new members who are welcome to contact us and share in the effort.

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE AND HEALTH

The Academic Forum is a multidisciplinary independent body which is supported by the Faculty. The Forum is chaired by Professor Sir Mansel Aylward and its objectives are to:

- represent the views of the occupational health academic community to the Faculty on issues relating to training and research
- bring to the attention of the Faculty academic issues that may influence the strategic planning of the Faculty, or which may require high level intervention by the Faculty act as a communication conduit between the Faculty and the academic community
- provide advice on request to the Faculty in areas where academic input would be helpful eg consultations
- engage with the broader constituency on occupational health and reflect on issues which might need to be brought to the attention of the Faculty.

Its work and discussions during 2010 have included: the Faculty's strategy paper on the future of occupational health care in UK; the proposal for a One Wales National Occupational Health Service; initiatives to promote undergraduate teaching of occupational medicine; the proposed Cross Government Centre for Health and Work; the economic downturn and its impact on health; updates on GP education and health at work; accessing occupational health records for epidemiological research purposes; the new Coalition Government plans for the NHS and public health in England; and sharing information about Forum members' planned and current research projects.

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 2010:

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 Question (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 Regulations for Membership 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 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 Academy 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 Society of Occupational Medicine to support the launch of the Department of Health's eLfH (Learning for Healthcare) online training package for primary care and the new education and support website for general practitioners (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

IMPACT:**ASSESSMENT**

- Implementation of the new curriculum remains on track
- The first Part 2 MFOM examination was held in October
- The final AFOM was held in January
- Examiner training days were held in February and September
- Recruitment of additional examiners was successful, ensuring a sufficient number for current examination sittings
- Revised appeal rules and procedures were approved by the Board and published in January
- The regulations for Membership were updated to reflect the appeal changes
- Office procedures and practices are under regular review

TRAINING LINKS AND EXTERNAL RELATIONS

- The role and responsibilities of Regional Specialty Advisers were updated in June
- Provision of advice to Responsible Officers is included in the job description and this has been discussed at a meeting of RSAs
- The Head of the London School of Occupational Medicine is a member of the Faculty's WBA Advisory Group
- The recruitment templates have been used again in London during the year, with West Midlands adapting this system to their local needs
- Liaison with PMETB has continued and there has been good liaison with GMC following the PMETB-GMC merger
- The curriculum and assessment were approved provisionally in March and unconditionally in May
- The Chair of Deanery Specialist Training Committees is often a Faculty RSA
- The online training package and website for GPs were successfully launched

**EDUCATIONAL EVENTS**

- The Annual Meeting was held in May and successful conferences held in October and December

OTHER TRAINING MATTERS

- A training event to assist trainees preparing for the dissertation was held in January
- The model for the HAVS qualification is under active review

Professional development and standards

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

For the 2009 CPD year there were 564 returns submitted, a significant increase on the 502 the previous year and an increase of over 100 in the last two years. Of these 552 were from Members or Fellows working in the UK which represents almost 90% of the possible 616. Compared with 80% the previous year and 67% in 2006, this is a gratifying result and indicative perhaps of the realisation that revalidation is getting ever closer.

2001	2002	2003	2004	2005	2006	2007	2008	2009
257	292	340	368	416	435	459	502	564

The CPD audit scheme now ensures that all participants will be invited to submit evidence to support the CPD points claimed in a five yearly cycle. In 2010, 111 members were invited to be audited, 108 of whom supplied evidence to support their CPD record.

REVALIDATION

The Faculty continues to represent the best interests of its members by endeavouring to ensure that the demands of revalidation are proportionate and will not disadvantage any individual group. This poses particular challenges in relation to occupational physicians working outside larger managed organisations and a major achievement has been the incorporation into the 2010 legislation of a requirement for the Faculty to appoint its own Responsible Officer (RO). This will provide a service to the large number of members who would otherwise struggle to identify a suitable RO, both those in individual practice and organisations that would prefer to contract out the RO function or are not covered by the legislation. The Board will appoint the Faculty RO once the role has been thoroughly piloted.

The Academy of Medical Royal Colleges (AoMRC) has funded all the development work the Faculty has done so far in preparation for revalidation including the procurement of an electronic CPD diary. Unfortunately, negotiations with the Royal College of Physicians for access to their diary failed to



Debbie Johnston (Development Manager) and Darran Cahill (Accreditation Manager), both of SEQOHS, with Dame Carol Black at a demonstration of the accreditation system

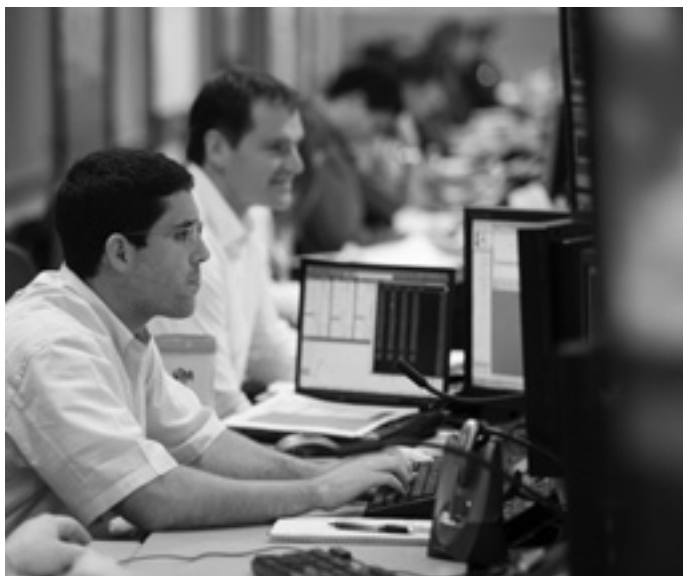
provide a cost-effective solution and a commercial alternative is now being pursued. The aim is to make recording and summarising CPD and recording reflection more straight forward and remove the requirement to submit an annual paper summary. New CPD guidelines have been developed in response to the changes required for revalidation and will be introduced at the same time as the electronic diary. It is hoped that it will now be possible to develop a CPD diary that is integrated into an overall electronic portfolio that will support appraisal and revalidation.

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 Faculty membership and the final version has been agreed by the General Medical Council (GMC). A guide to revalidation for occupational physicians has been produced and repeatedly revised to keep members up to date with new developments. It provides wider guidance on revalidation and additional examples of supporting evidence that can be used in appraisal. This guidance will form the basis for the revalidation pilot which takes place during 2011 and will guide further developments. The GMC has already indicated that the standards need to be further streamlined and this work is ongoing.

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

2010 has been a momentous year for the Faculty's work on SEQOHS. Standing for 'Safe Effective Quality Occupational Health Service', SEQOHS is the new accreditation system for occupational health services. In just twelve months the



Faculty has published the standards, appointed an organisation to develop the accreditation process, launched the accreditation scheme, and commenced operations.

This initiative was proposed by the Faculty in 2008, and taken up by Dame Carol Black's review, *Working for a Healthier Tomorrow* (2008), which advocated clear standards of practice and formal accreditation of all providers who support people of working age. Following this the Faculty embarked on the process of establishing such standards, under the leadership of Dr Paul Nicholson.

Having brought together a large multidisciplinary, multi-agency stakeholder group, and following consultation, the Faculty developed the new standards during 2009. They were launched by Dame Carol Black, National Director for Health and Work, in January 2010. This was planned as being one year ahead of the launch of the accreditation scheme, which was to 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.

Following a tendering process in early 2010, the Faculty awarded the contract to develop the accreditation scheme to the Royal College of Physicians, whose accreditation unit had developed a successful accreditation system for endoscopy services. The development work was undertaken and piloted during 2010, leading to the launch of the scheme at the Faculty's conference on quality and standards in December 2010.

The scheme became operational immediately, with over 20 occupational health services signing up on the first day.

The Faculty is grateful to NHS Plus and the Department of Health for its support for the development of the accreditation system.

HEALTH AND WORK DEVELOPMENT UNIT (HWDU)

The Health and Work Development Unit is a partnership between the Faculty of Occupational Medicine and the Royal College of Physicians that aims to improve the quality of health care received by people of working age and raise the profile of health and work in the national quality agenda. It carries out national organisational and clinical audit, develops evidence-based guidelines for occupational health clinicians and engages with clinicians and organisations to improve quality. Its strategy is set in conjunction with a multidisciplinary steering group of national stakeholder groups.

Its work in 2010 included a second round audit of depression detection and management of staff on long-term sickness absence; a first round organisational audit of the implementation of NICE (National Institute for Health and Clinical Excellence) public health guidance for the workforce (funded with a £40,000 grant from the Faculty's Esso Research Fellowship); and the publication of a concise dermatitis guideline.

ETHICS COMMITTEE

There were a number of changes to the composition of the Ethics Committee in 2010. Sarah Page succeeded Hugh Robertson on the Committee on her appointment as the lay Board member nominated by the Trades Union Congress, and Elizabeth Wood succeeded Tammie Daly as one of the two occupational health nurses. After nearly six years' service, Shriti Pattani resigned from the Committee to pursue other commitments. From a strong field of candidates who responded to the advertisement for this vacancy, Dr John Challenor was appointed to the Committee at the start of 2011.

The ethical queries received from Faculty members and the public continue to centre on confidentiality and disclosure. The changes consequential upon the amendments made in



October 2009 by the General Medical Council to their guidance appear to have caused relatively few overt problems but may have resulted in a lowering of the threshold for public interest disclosure, which is a potential cause for concern. The Ethics Committee met twice during 2010, devoting the majority of its time to developing the next edition of the Faculty Guidance, the 7th edition of which is on track for publication in 2012.

OBJECTIVES FOR 2010:

- Actively participate in developing revalidation through the work of the Academy of Medical Royal Colleges' (AoMRC's) Revalidation Development Group (RDG)
- 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 with 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 yearly 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

IMPACT:

- The Director of Professional Development and 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 e-portfolio, a revalidation pilot and for communication
- Standards for revalidation in occupational medicine have been approved by the GMC. As a result of widespread consultation, further work has begun on a more streamlined approach to revalidation
- AoMRC funding has been secured for an online CPD diary and, after a false start with the Royal College of Physicians, the Faculty is now considering a wider proposal to develop an online e-portfolio which will cover all aspects of appraisal and revalidation. During 2010, the Faculty worked with nine other Colleges and Faculties with a view to procuring a commercial e-portfolio. A basic e-portfolio has been contracted to support the revalidation pilot for the Faculty, with two other Faculties (see below)
- The CPD audit system has switched to a rolling five-year basis, replacing the current random audit. 111 members were invited to submit returns and 108 did so. Plans are in hand to begin the 2010 audit in August. All Faculty members will be expected to show evidence of CPD during a five-year revalidation cycle
- AoMRC has funded a joint revalidation pilot with the Faculties of Public Health and Pharmaceutical Medicine for doctors working outside the National Health Service (NHS). 50 Faculty volunteers will have an appraisal through the Society of Occupational Medicine Quality Assured Appraisal Scheme, with a number of other organisations taking part as 'nested' pilots. An e-portfolio and multisource feedback tool have been procured to support the pilot, which is being conducted as far as possible along the lines of the NHS Pathfinder Pilots, using the same assessment methodology. The pilot will run from March 2011 for approximately 6 months
- The Department of Health agreed to include the Faculty in the list of 'Designated Bodies' required to appoint a Responsible Officer, and the relevant legislation came into force on 1 January 2011. Plans for how this will work are under discussion. The Director of Professional Development will carry out the role during the revalidation pilot, after which the details of the role will be fleshed out and the Board will make a formal appointment
- The handbook for members has been completed and is on the website. Further revision is likely in response to an AoMRC initiative to standardise handbooks
- Members have been reminded of the importance of CPD and have received regular updates on revalidation progress. The last two years have seen a 23% increase in the number of CPD returns submitted



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 2010, we exhibited at the National Exhibition Centre, Birmingham, in March and at the London BMJ (British Medical Journal) Careers Fair in October; members also used the Faculty exhibition materials at local careers events.

There has been concern about the reduction in occupational medicine trainee posts in both the National Health Service and in the private sector, and also about low numbers of applicants for those posts. The Faculty is strengthening its efforts to promote an awareness of occupational health and an interest in occupational medicine as a career, through its work with medical schools. A country-wide network of occupational medicine leads is now established and, in the autumn, the President wrote a letter, jointly with Dame Carol Black, National Director for Health and Work, to medical schools introducing the network to them. The leads are now in touch with medical schools, with a view to encouraging and helping them to include occupational health in their teaching, and to promote interest in the specialty amongst undergraduates.

The Faculty is keen to improve its services to members and was pleased that the office move in October enabled it to establish a members' room. This is a room which members can book for small meetings or private study. It has already been used well, for trainee/trainer meetings and also for members to meet colleagues.

MEMBERSHIP NUMBERS AT THE YEAR END

Honorary Fellows	87
Fellows	309
Members	443
Associates	221
Specialist/Specialty Trainees	101
Affiliating Diplomates	456
Life members	79
Total	1,696



Members continue to benefit from receiving the Faculty's adopted journal *Occupational and Environmental Medicine*. A wide range of topics was covered in 2010, including: smoking habits and occupational disability; the roles of age, length of service and job in work-related injury; post-menopausal breast cancer and occupational exposures; pre-employment influences on the association between psychosocial factors at work and coronary heart disease, trends in blood lead levels in UK workers; and tinnitus and mobile phone use.

The Wilf Howe Memorial Prize for innovative practice was awarded to Dr Jon Poole for his work on a cross sectional study, guidelines and recommendations for changes to public sector pension scheme regulations that have led to a reduction in medical retirements. Our thanks are due to Mrs Lyn Howe for her continued support of this prize.

Mobbs Travelling Fellowships were awarded to Dr Deirdre Phelan to fund attendance at the Northern European Conference on Travel Medicine in Hamburg in May 2010; to Dr Jacqueline Halliday-Bell to provide partial funding for a medical doctorate exploring the impact of three professions on the outcome of pregnancy; and to Dr Philip Wynn to present a poster on *The effect of social deprivation on sickness absence rates* at the EPICOH-Medichem 2010 conference in Taiwan in April 2010.

These fellowships were established as part of the Faculty's Silver Jubilee celebrations in 2003, through the generosity of Sir Nigel Mobbs and Corporate Health Ltd. This donation was initially promised for three years, but was extended in 2006 in memory of Sir Nigel, who sadly died in that year. Our thanks are due to Corporate Health for their support.

OBJECTIVES FOR 2010:

- 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

IMPACT

- The London and Birmingham BMJ Fairs were attended by staff and members and exhibition stands loaned to fairs at Leeds, Sheffield and Bedfordshire Universities
- A questionnaire is being developed to go to affiliating diplomates to find out what services they would like the Faculty to provide for them
- The Faculty held its October conference in Northern Ireland, jointly with the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland. In addition there have been regular liaison meetings with the Irish Faculty
- Two hard copy mailings and 29 e-letters have been sent to members during the year



Governance, resources and internal matters

GOVERNANCE

At the beginning of 2010, the Faculty's Board of Trustees decided that the Faculty should become an incorporated charity. This would mean that the Faculty would be both a charity and also a company limited by guarantee.

The Faculty of Occupational Medicine was established as a charity, as are all medical royal colleges and faculties. This means that its main purpose is to benefit the public in the ways set out in its charitable objects. The Trustees wished to retain this fundamental role of the Faculty.

However, up to now, the Faculty has been an unincorporated charity. This has meant that the Faculty is not a legal entity and so agreements such as contracts and leases have had to be made between third parties and the individual Trustees, not the Faculty itself as an organisation. Moreover, individual Trustees ultimately have carried personal liability for any debts in excess of the Faculty's assets.

The Trustees recognised that, although this could be a satisfactory way to conduct a charity's affairs, and had proved so thus far for the Faculty, given the Faculty's stage of maturity with activities that carry risks of major liability, it might not be optimal. Having considered this, the Trustees decided that 2010 was the right time to become incorporated. One significant factor was the Faculty's need to move to new premises on commercial terms.

Faculty members were kept informed and an Extraordinary General Meeting was held for members to discuss this. Members were assured that:

- the change would have very little visible impact on the

Faculty's work, on its core duties and activities and its interactions with the membership

- it would not alter the Faculty's charitable objects nor its main functions and powers
- the Faculty would remain a charity regulated by the Charity Commission and the Office of the Scottish Charity Regulator, whilst also becoming a company subject to company law.

The process of incorporation was completed by the end of the year which meant that the new charitable company commenced its operations on 1 January 2011, at the beginning of a new financial year. The assets and net undertakings of the existing entity will transfer to the new company with effect from that date.

RESOURCES

Whilst the Faculty was successful in attracting several streams of funding for specific projects, the Trustees were concerned during 2010 about underlying trends which have resulted in pressures on the Faculty's income. The primary factor in this is the reduction in the numbers of trainees and examination candidates, which, in turn, will have an impact on membership numbers, all of which adversely affects income.

There is the added impact of a move to new offices at a commercial rent. Funds had been put aside, which were intended to be used either to purchase new offices or to yield an income for the new higher rental. However the fund was not sufficient to purchase a property and the downturn in the market meant that the interest yield has been less than expected.



The Trustees are therefore considering carefully all options for economising and for increasing income.

ACCOMMODATION

As referred to above, the Faculty had to move offices in 2010. The Faculty had hitherto been fortunate in being hosted at a very reasonable cost by the Royal College of Physicians. This arrangement came to an end as the College needed more space, and so the Faculty had to seek office premises on the open market and take on a commercial lease.

After a careful search and much deliberation on the options, the Faculty has taken on a five year lease of an open plan office in Holborn. The new premises encompass a meeting room, which means the Faculty can significantly reduce its meeting costs, and also a small members' room, which can be used free of charge by members for meeting colleagues and by trainees wanting to read dissertations.

In its new incorporated status, the Faculty itself is now able to take on this office lease, rather than the Trustees having to take it on as individuals.

OBJECTIVES FOR 2010:

- 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

IMPACT

- New premises were secured and the move completed successfully
- Of about 1200 Faculty Diploma holders contacted, 62 took up affiliation to the Faculty
- Succession planning is under consideration by the Executive committee
- Conditions of service and the appraisal system for staff have been reviewed. Some staff had project management training
- An income generation group has been established and the Board is looking at developing new diplomas
- The Faculty's medium term plan for sustainable funding is under active discussion by the Board and Executive
- Investment policy and practice are reviewed regularly
- IT back-up and support have been reviewed to ensure their adequacy
- The business continuity plan has been reviewed and updated following the office move
- The wider context of the Faculty's role was discussed at the Board's awayday

Finance review

The information in this 2010 review is extracted from the full financial statements audited by Kingston Smith.

Those of you who have read the Faculty's previous reports or attended the last two Annual General Meetings will be aware that 2008 saw a loss of £22,750 mainly due to our investments falling. The Treasurer reported a stronger financial position for 2009 but noted that this was mainly achieved by the bounce of our investments and warned that this was the first year when the underlying profit and loss account had been in debit.

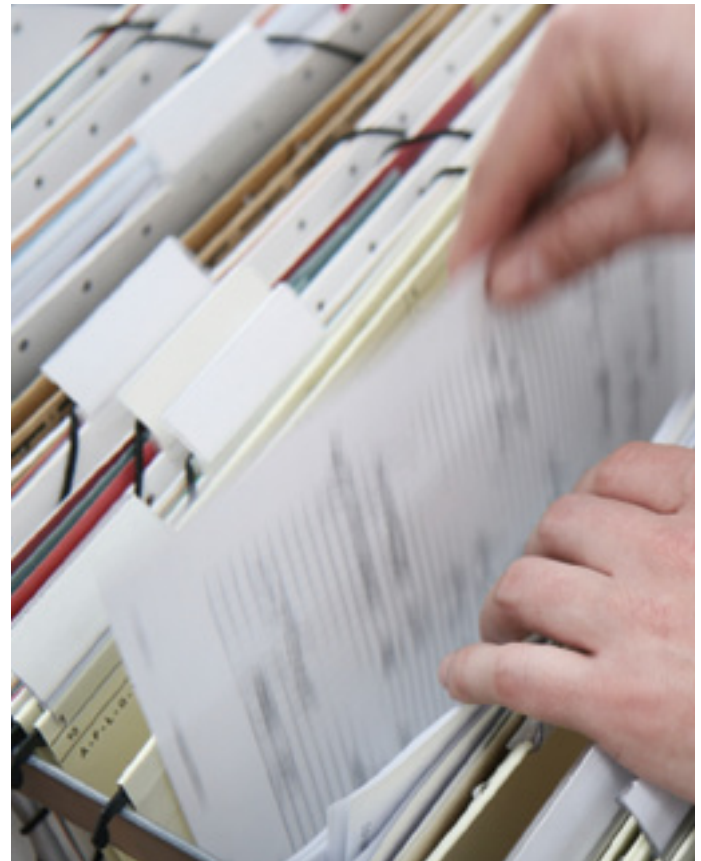
2010 saw some further unanticipated events have a negative effect on the budget and more importantly, without a radical review of income and expenditure, these threatened to have a longer term impact on the Faculty's finances. The significant factors included a move to our new offices earlier than expected, but essential to secure the premises, a significant reduction in entrants to our examinations and delays to revalidation work (for which we had already committed resources but were unable to draw down money for the same). These effects were compounded by another year when our cash at the bank again 'earned' paltry interest and investments were flat.

The Faculty's balance sheet is £95,523 stronger than last year and we therefore are in a solid cash position. However, it is important to note the General funds showed a £70,218 deficit caused by the underlying trends outlined above and which continue to concern the Board.

As a result, and following projections for the next three years, we recognised the need to take radical action to balance the budget. For this reason we have made a regrettable but necessary increase in subscription and examination fees (we remain by no means the most expensive specialty), have taken steps to reduce staff costs by at least 15% and minimised other costs wherever practicable.

The Faculty's membership remains steady and as previously identified this is a matter of concern to the Treasurer and Board as it is associated with a reduction in specialists in training.

The Faculty's charitable expenditure for 2010 was £873,813, which equates to 81% of the income. General funds stand at £322,404 and this represents 30% of total incoming resources. Reserves will continue to be monitored by the Trustee Board. 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- MOVE TO A NEW LONDON HEADQUARTERS BUILDING

On a very positive note we moved to our new offices three months earlier than anticipated and the move was made with apparently little negative impact on our members and the public bodies who interact with us.

As previously discussed, the Board had accepted that a move outside London, at this time, was too risky to consider and a loss of the supportive peppercorn rent from the Royal College of Physicians meant a move to commercial costs. The vision was for a modern office that would provide significant benefit to the Faculty and its members. Our new offices are much more practicable, offer the opportunity to reduce costs on meeting rooms, etc and allow members a room to meet colleagues and friends in when visiting London, and therefore meet our aspirations.

SPONSORSHIP AND GRANTS

The last year was again difficult in terms of sponsorship in terms of support as well as cash. We are however very grateful to the organisations below for providing support to various work and projects:

Academy of Medical Royal Colleges
BP (for conference stands)
BT (for Ethics Committee meetings)
Department of Health

INVESTMENTS

We received a small unrealised income from our investments which is welcome. As determined by the Board in 2009 we have reduced our Schroder Charity Equity Funds holdings to ameliorate the risk of losses on the markets and as we consider our options for the future. The monies have been converted to cash and spread around the major banking institutions at the best rates for interest available in these difficult times.

BUDGET 2011 AND CONCLUSIONS

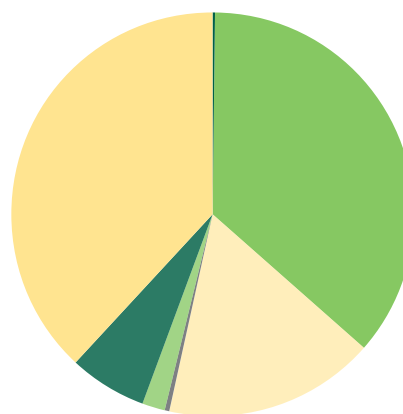
In line with our detailed work plans for 2011, 2012 and 2013 the Board has agreed a very small surplus balance for General funds for the year ahead and the Trustees continue to monitor annually the adequacy of the level of reserves in the light of future plans.

In the meantime the Trustees remain acutely aware that the strategic aims of the Faculty are challenged by the need to achieve appropriate levels of funding. We have therefore instigated an Income Generation Group and will continue to strive to increase income from sources other than membership fees to support our development over the next 10 years.

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

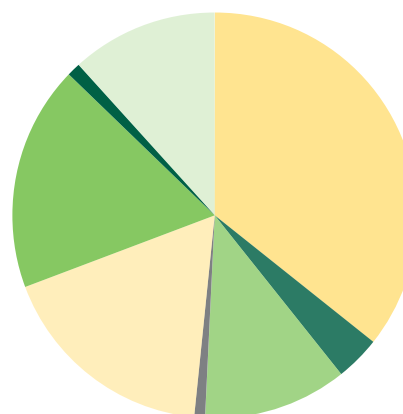
Finally, the Trustees wish to thank all the staff particularly for their great efforts in keeping their day to day work going so smoothly during the move to the new premises and the difficult but essential resourcing and finance review. We are also so lucky with the support of our colleagues, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

INCOME



- Investment income (1.4%)
- Subscriptions (35.8%)
- Qualifications and training (16.8%)
- Publications (0.4%)
- Other income (1.8%)
- Conferences and events (6.2%)
- Grants and contracts for publications, training and conferences (37.6%)

EXPENDITURE



- Qualifications and training (35.7%)
- Publications (3.6%)
- Revalidation and Professional (11.5%)
- Administration of funds (0.8%)
- Conferences and events (17.7%)
- Membership (17.9%)
- Meeting costs (1.1%)
- Governance costs (11.7%)

Objectives for 2011

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
- Push for inclusion of occupational health expertise in local departments of public health
- Continue work on occupational health awareness for general practitioners (GPs) and other specialists
- Complete review of future need for specialist occupational physicians, and push for funding to support an appropriate number of training posts within the context of wider Government planning for the healthcare workforce
- Seek opportunities to promote understanding of work and health and interest in occupational medicine as a career among medical undergraduates and newly qualified doctors (eg through presence at careers fairs and information to final year medical students)
- Develop and improve the bank of training materials in occupational health for medical undergraduates
- Continue training in healthcare for health professionals
- Develop guidance on health requirements for professional blue-light drivers
- Seek to publish articles to promote occupational health awareness
- Continue to work collaboratively with the Council for Work and Health, the Society of Occupational Medicine (SOM) and other related bodies, in particular pushing for an improved system of training and qualifications for occupational health nurses and allied health professionals working in occupational health
- Maintain links with the Confederation of British Industry, Trades Union Congress, Health and Safety Executive, Health Protection Agency, Department of

- Health (DH) and Department for Work and Pensions
- Maintain liaison with chief medical officers of major companies to improve links between the specialty and industry
- Develop a new Faculty website with improved information for the public, employers and employees, as well as members
- Manage the first year of SEQOHS (Safe Effective Quality Occupational Health Service), the new accreditation scheme for occupational health providers, and encourage participation by occupational health services

EDUCATION AND TRAINING

ASSESSMENT

- Effect a smooth implementation of the new curriculum
- Monitor 2nd year of Part 2 Membership examination
- Ensure examination Regulations are reviewed regularly
- Ensure office examination procedures are reviewed regularly and practices effectively managed
- Explore scope for a new international diploma in occupational medicine

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 London School of Occupational Medicine and establish links with Postgraduate Schools covering occupational medicine in other deaneries

- Maintain good communication links with the General Medical Council (GMC); Managing Medical Careers and the Specialty Training Committee of the Academy of Medical Royal Colleges (AoMRC)
- Ensure that requirements about training issued by GMC are effectively addressed
- Develop and maintain excellent communication links with deanery Specialist Training Committees
- Continue to work with the Royal College of General Practitioners (RCGP) and SOM to with the aim of ensuring a useful future for the DH *e-LfH (e-Learning for Healthcare)* online training package for primary care
- Continue to work with the RCGP and SOM on the running of the Healthy Working UK website
- Complete report on training in environmental medicine

EDUCATIONAL EVENTS

- Run an Annual Scientific Meeting, and two other conferences

OTHER TRAINING MATTERS

- Learn lessons from the 2010 workplace-based assessment (WBA) external assessors pilots, review the WBA assessment tools, particularly SAIL (Sheffield Assessment Instrument for Letters) and DOPS (Directly Observed Procedural Skills), and keep the system of external assessors under review
- Ensure 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
- Seek to develop an e-portfolio system
- 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 GMC

- Introduce an online diary for Continuing Professional Development (CPD) that will be available to members, which includes provision to record reflective learning. Initially it will run in parallel with 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 yearly basis
- Pilot revalidation for occupational physicians in conjunction with the Faculties of Public Health and Pharmaceutical Medicine
- Develop a scheme for providing a Responsible Officer 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

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

- Set strategy for new income development
- Actively market membership, publications and examinations
- Promote the Diploma in Occupational Medicine (DOccMed) at the Royal College of General Practitioners' conference
- Ensure staff are appropriately managed, trained and supported
- 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 business continuity plan is reviewed annually and updated as necessary
- Keep tenure of Officer and other key posts under review, with the aim of retaining and attracting high quality post-holders
- 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).

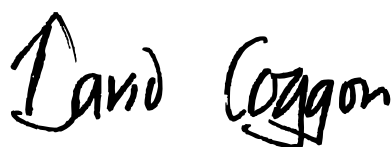
The law applicable to charities in England & Wales and Scotland requires the Trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the incoming resources and application of resources of the charity for that period. 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 12 April 2011 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 2010

CONTENTS

Independent auditors' report	34
Statement of financial activities	35
Balance sheet	36
Notes to the financial statements	37

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 2010 which comprise the Statement of Financial Activities, the Balance Sheet and the related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

This report is made solely to the charity's trustees, as a body, in accordance with regulations made under section 43 of the Charities Act 1993 and in accordance with section 44 (1)(c) of the Charities and Trustee Investment (Scotland) Act 2005. 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 and for no other purpose. 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

As explained more fully in the Trustees' Responsibilities Statement set out on page 32 the trustees are responsible for the preparation of financial statements which provide a true and fair view.

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 to you in accordance with regulations made under that act. Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board's Ethical Standards for Auditors.

We report to you our opinion as to whether the financial statements give a true and fair view, have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice and have been prepared in accordance with the Charities Act 1993, the Charities and Trustee Investment (Scotland) Act 2005 and Regulation 8 of the Charities Accounts (Scotland) Regulations 2006.

SCOPE OF THE AUDIT OF THE FINANCIAL STATEMENTS

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the trustees; and the overall presentation of the financial statements.

OPINION ON THE FINANCIAL STATEMENTS

In our opinion the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 December 2010 and of its incoming resources and application of resources, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been properly prepared in accordance with the requirements of the Charities Act 1993, the Charities and Trustee Investment (Scotland) Act 2005 and regulations 6 and 8 of the Charities Accounts (Scotland) Regulations 2006 (as amended).

MATTERS ON WHICH WE ARE REQUIRED TO REPORT BY EXCEPTION

We have nothing to report in respect of the following matters where the Charities Act 1993 and the Charities Accounts (Scotland) Regulations 2006 (as amended) requires us to report to you if, in our opinion:

- the information given in the Trustees' Annual Report is inconsistent in any material respect with the financial statements; or
- the charity has not kept sufficient accounting records; or
- the financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

Kingston Smith LLP

Statutory Auditor
Devonshire House 60 Goswell Road
London EC1M 7AD

STATEMENT OF FINANCIAL ACTIVITIES

YEAR ENDED 31 DECEMBER 2010

	Notes	Unrestricted funds			Total 2010 £	Total 2009 £
		Designated Funds £	General Funds £	Restricted Funds £		
INCOMING RESOURCES						
Incoming resources from generated funds						
Investment income	3	10,634	3,954	-	14,588	20,914
Incoming resources from charitable activities						
Subscriptions		-	384,941	-	384,941	399,391
Qualifications and training		-	179,849	-	179,849	292,975
Publications		-	3,877	-	3,877	7,451
Other income		-	19,411	-	19,411	12,710
Conferences and events		-	66,057	-	66,057	67,065
Grants and contracts for publications, training and conferences	2	-	750	403,323	404,073	91,211
Department of Health development grant		-	-	-	-	271,130
Total incoming resources		10,634	658,839	403,323	1,072,796	1,162,847
RESOURCES EXPENDED						
Charitable activities	4	32,170	733,698	107,945	873,813	826,321
Governance costs	6	-	115,981	-	115,981	79,639
Total resources expended		32,170	849,679	107,945	989,794	905,960
Net incoming resources before transfers		(21,536)	(190,840)	295,378	83,002	256,887
Transfers between funds		(75,815)	117,869	(42,054)	-	-
Recognised gains/losses						
Unrealised gains/(losses) on investments	10	12,521	-	-	12,521	81,231
Net movements in funds for the year		(84,830)	(70,218)	250,571	95,523	338,118
Fund balances brought forward at 1 January 2010	15	604,347	392,622	203,678	1,200,647	862,529
Fund balances carried forward at 31 December 2010		<u>£519,517</u>	<u>£322,404</u>	<u>£454,249</u>	<u>£1,296,170</u>	<u>£1,200,647</u>

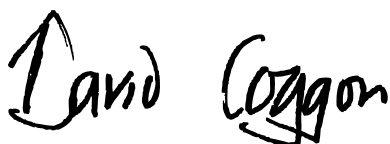
All income has been generated from continuing operations.
All recognised gains are included in the Statement of Financial Activities.

BALANCE SHEET

31 DECEMBER 2010

	Notes	£	2010	£	£	2009	£
FIXED ASSETS							
Tangible assets	9			40,092			5,641
Investments	10			235,872			412,717
				-----			-----
				275,964			418,358
CURRENT ASSETS							
Stocks	11	2,928				3,536	
Debtors	12	29,083				73,346	
Cash on deposit		857,856				503,729	
Cash at bank and in hand		424,615				447,998	
				-----		-----	
				1,314,482		1,028,609	
CREDITORS: amounts falling due within one year	13	294,276				246,320	
				-----		-----	
NET CURRENT ASSETS				1,020,206			782,289
				-----			-----
NET ASSETS				£1,296,170			£1,200,647
				=====			=====
REPRESENTED BY:							
Unrestricted funds							
General funds	15	322,404				392,622	
Designated funds	15	519,517				604,347	
				-----		-----	
				841,921			996,969
Restricted funds	15			454,249			203,678
				-----			-----
TOTAL FUNDS	16			£1,296,170			£1,200,647
				=====			=====

The financial statements, which were approved and authorised for issue by the Board of Trustees on 12 April 2011, were signed below on its behalf by:





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 2010

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 £500 or more are capitalised at cost.

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

Office equipment	-	33.33% straight line
Fixtures & fittings	-	20% 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 charity and include project management.

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

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

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2010 (continued)

2 GRANTS CONTRACTS AND DONATIONS

	Designated £	Restricted £	General £	Total 2010 £	Total 2009 £
Grants and contracts					
Academy of Medical Royal Colleges					
Environmental medicine	-	2,825	-	2,825	-
Revalidation work					
CPD online	-	25,000	-	25,000	25,000
Communications	-	-	-	-	10,000
e-Portfolio	-	80,000	-	80,000	-
Pilot	-	91,645	-	91,645	-
Corporate Health					
Mobbs Travelling Fellowships	-	10,000	-	10,000	10,000
Department of Health					
Development grant	-	-	-	-	271,130
(e-LfH) e-learning	-	25,000	-	25,000	25,000
Funding for Standards for OH	-	-	-	-	12,000
Projects	-	-	-	-	8,658
Training grant	-	-	-	-	553
Department for Work and Pensions					
Accreditation system (SEQOHS)	-	130,973	-	130,973	-
GP training project	-	-	-	-	-
Healthcare for health practitioners	-	37,880	-	37,880	-
Other – BP (for conference stands)	-	-	750	750	-
	£-	£403,323	£750	£404,073	£362,341

3 INVESTMENT INCOME

	Designated £	Restricted £	General £	Total 2010 £	Total 2009 £
Bank interest	-	-	3,954	3,953	6,869
Dividends	10,634	-	-	10,634	14,045
	£10,634	£-	£3,954	£14,588	£20,914

4 ANALYSIS OF COSTS

	Direct Costs £	Direct Salaries £	Support Costs £	Total 2010 £	Total 2009 £
Qualification and training	93,527	132,814	126,946	353,287	435,697
Publications	602	17,761	16,977	35,340	25,107
Revalidation and Professional					
Development	15,070	50,502	48,271	113,843	21,767
Administration of funds	42	4,271	4,083	8,396	10,017
Conferences and events	143,637	15,902	15,199	174,738	45,405

4 ANALYSIS OF COSTS (continued)	Direct Costs	Direct Salaries	Support Costs	Total 2010	Total 2009
	£	£	£	£	£
Membership	90,985	44,228	42,274	177,487	215,326
Meeting Costs	10,722	-	-	10,722	73,002
	<u>354,585</u>	<u>265,478</u>	<u>253,750</u>	<u>873,813</u>	<u>826,321</u>
Governance costs	28,365	44,798	42,818	115,981	79,639
	<u>£382,950</u>	<u>£310,278</u>	<u>£296,568</u>	<u>£989,794</u>	<u>£905,960</u>

5 BREAKDOWN OF SUPPORT COSTS

	2010	2009
	£	£
Staff	101,201	47,531
Communication	18,759	10,554
Printing, postage and stationery	7,300	3,684
Premises	52,339	20,049
Repairs and maintenance	-	29,136
Advertising and recruitment	5,083	32,174
Irrecoverable VAT	41,743	21,691
Accountancy fees	788	10,142
Depreciation	4,704	4,887
Other direct costs	46,065	14,618
Moving costs	18,586	-
	<u>£296,568</u>	<u>£194,466</u>

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

6 GOVERNANCE COSTS

	2010	2009
	£	£
Staff	44,798	37,539
Support costs	42,818	12,171
Audit fees	7,260	7,214
Consultancy	998	3,449
Meeting	10,967	11,478
Annual General Meeting	534	1,878
Annual report	8,606	5,910
	<u>£115,981</u>	<u>£79,639</u>

7 REMUNERATION OF TRUSTEES

The Trustees did not receive remuneration or any benefits during the year for their services (2009: nil)

20 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £4,193 (2009: 16 Trustees - £6,540).

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2010 (continued)

8 STAFF COSTS	2010	2009
	£	£
Wages and salaries	336,921	247,335
Social security costs	35,763	26,298
Pension costs	20,845	10,958
	-----	-----
	£393,529	£284,591
	=====	=====
The average number of full-time equivalent employees during the year was:	10	8
	=====	=====

One member of staff was remunerated in the £60,001 to £70,000 range (2009 – one). The associated pension costs of this individual were £7,000 (2009 - £5,940).

9 TANGIBLE FIXED ASSETS	Fixtures and fittings	Office equipment	Total
	£	£	£
Cost			
At 1 January 2010	15,557	46,056	61,613
Additions	39,155	-	39,155
	-----	-----	-----
At 31 December 2010	54,712	46,056	100,768
	-----	-----	-----
Depreciation			
At 1 January 2010	14,576	41,395	55,971
Charge for the year	2,205	2,500	4,705
	-----	-----	-----
At 31 December 2010	16,781	43,895	60,676
	-----	-----	-----
Net Book Value			
At 31 December 2010	£37,931	£2,161	£40,092
	=====	=====	=====
At 31 December 2009	£981	£4,660	£5,641
	=====	=====	=====

10 INVESTMENTS	2010	2009
	£	£
Quoted investments		
At 1 January 2010	412,717	317,441
Additions	10,634	14,045
Transfers out	(200,000)	-
Unrealised gain/(losses)	12,521	81,231
	-----	-----
At 31 December 2010	£235,872	£412,717
	=====	=====
Historical cost	£174,386	£330,945
	=====	=====

10 INVESTMENTS (continued)

	2010	2009
	£	£
No of units	45,765	86,851
Valuation	515.40p	475.20p

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

11 STOCKS

	2010	2009
	£	£
Stocks comprise:		
Publications for resale	£ 2,928	£ 3,536
	=====	=====

12 DEBTORS

	2010	2009
	£	£
Accrued income	11,853	33,799
Other debtors	8,651	15,989
Prepayments	8,579	23,558
	-----	-----
	£ 29,083	£ 73,346
	=====	=====

13 CREDITORS: amounts falling due within one year

	2010	2009
	£	£
Trade creditors	103,872	70,390
Accruals	75,522	53,442
Deferred income - examination fees received in advance	326	12,782
- subscriptions in advance	100,448	94,796
Tax and social security	9,830	14,382
Pension liability	3,603	528
VAT	675	-
	-----	-----
	£ 294,276	£ 246,320
	=====	=====

14 DEFERRED INCOME

	Examination Fees £	Subscriptions £	Total £
Balance at 1 January 2010	12,782	94,796	107,578
Amounts released to incoming resources	(12,782)	(94,796)	(107,578)
Amount deferred in the year	326	100,448	100,774
	-----	-----	-----
Balance at 31 December 2010	£326	£ 100,448	£100,774
	=====	=====	=====

NOTES TO THE FINANCIAL STATEMENTS

YEAR ENDED 31 DECEMBER 2010 (continued)

15. FUNDS

	As at 1 January 2010 £	Incoming Resources £	Gains on investment/ Interest £	Outgoing Resources £	Transfers in/(out) £	As at 31 December 2010 £
a) Restricted funds						
Good Practice Guidelines Funds						
Esso Publications Fund	16,946	-	-	1,902	(700)	14,344
Rolls Royce Guidelines	6,523	-	-	-	-	6,523
UNUM Fund	6,237	-	-	3,000	-	3,237
Academic Activities Funds						
Corporate Health (Mobbs) Fund	51,075	10,000	-	2,151	-	58,924
Donald Hunter Lecture Fund	11,069	-	-	-	-	11,069
Ernestine Henry Lecture Fund	3,087	-	-	-	-	3,087
Esso Research Fellowship Fund	40,563	-	-	40,000	-	563
Shell Fellowship Fund	944	-	-	-	-	944
Wilf Howe Fund	4,352	-	-	541	-	3,811
William Taylor Memorial Fund	3,000	-	-	-	-	3,000
Other Funds						
Academy of Medical Royal Colleges:						
Environmental medicine	-	2,825	-	204	-	2,621
Revalidation work	8,123	-	-	436	(5,000)	2,687
CPD online	18,000	25,000	-	-	(5,430)	37,570
e-Portfolio	-	80,000	-	1,725	-	78,275
Pilot	-	91,645	-	11,310	(9,624)	70,711
Department of Health:						
(e-LfH) e-learning	25,000	25,000	-	953	(4,300)	44,747
Healthcare for healthcare practitioners	-	37,880	-	4,769	(7,000)	26,111
OH standards project	6,006	-	-	6,006	-	-
SEQOHS accreditation system	-	130,973	-	34,948	(10,000)	86,024
Training grant	2,753	-	-	-	(2,753)	-
	203,678	403,323	-	107,945	(44,807)	454,249
	£	£	£	£	£	£
b) Designated funds						
BUPA award	10,000	-	-	-	-	10,000
Capital fund	412,717	10,634	12,521	-	(200,000)	235,872
Accommodation fund	-	-	-	32,170	200,000	167,830
Department of Health Development Grant	181,630	-	-	-	75,815	105,815
	604,347	10,634	12,521	32,170	(75,815)	519,517
	£	£	£	£	£	£
c) General funds						
	392,622	658,839	-	849,679	(42,054)	322,404
	£	£	£	£	£	£
Total funds	£1,200,647	£ 1,072,796	£ 12,521	£989,794	£-	£1,296,170

15. FUNDS (continued)

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.

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

Corporate Health (Mobbs) Fund was set up to provide travelling fellowships.

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

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

Esso Research Fellowship Fund comprises a number of annual donations, received up to 2001, which have been pooled and funded one project in 2010.

Shell Fellowship Fund provides for the implementation of training facilities.

Wilf Howe Fund provides a prize for an innovative project in memory of Dr Wilf Howe

William Taylor Memorial Fund provides for an examination prize.

Academy of Medical Royal Colleges:

Environmental medicine funding is to explore how Colleges and Faculties can do more to promote good practice in this area.

Revalidation work funding is to develop an online CPD system, an e-portfolio and to pilot revalidation.

Department of Health:

e-LfH provided funding for the development of e-learning modules on health and work for general practitioners.

Healthcare for healthcare practitioners funds training days for professionals working in the NHS.

OH standards project provided funding to develop standards for occupational health services.

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

Training Grant provides funding towards the Faculty's costs in supporting Specialist Training in Occupational Medicine.

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

The **Capital Fund** was designated in 2000 and represents an amount equivalent to the value of the investment portfolio.

These investments are held to ensure the future of the Faculty.

Accommodation represents part of the original Capital Fund designated for accommodation which has been transferred to cash in view of the market situation.

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			Total
	Designated	General	Restricted	
	£	£	£	£
Tangible fixed assets	-	40,092	-	40,092
Investments	235,872	-	-	235,872
Net current assets	283,645	282,312	454,249	1,020,206
	-----	-----	-----	-----
	£519,517	£322,404	£454,249	£1,296,170
	=====	=====	=====	=====

17 OPERATING LEASE COMMITMENTS

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

	2010	2009
	£	£
Leases which:		
Expire within one year (land and buildings)	-	2,508
Expire between 2 and 5 years (land and buildings)	27,587	-
Expire within one year (office equipment)	2,645	458
Expire between 2 and 5 years (office equipment)	1,537	2,645

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 provided the Faculty with premises, part of which were rent-free, up to October 2010.

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 2010.

Annex 2:

List of Committee, Subcommittee, Advisory and Working Group memberships, Regional Specialty Advisers, representatives and those who have examined and acted as assessors in 2010

LIST OF COMMITTEE, SUBCOMMITTEE, ADVISORY AND WORKING GROUP MEMBERSHIPS, REGIONAL SPECIALTY ADVISERS, REPRESENTATIVES AND THOSE WHO HAVE EXAMINED AND ACTED AS ASSESSORS IN 2010

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/Dr R V Johnston
Professor D N M Coggon
Dr O H Carlton
Professor KT Palmer
Dr D Sen
Col J P Owen/Dr I R Aston
Col R Thornton

Dr S C Sheard
Ms N Coates

Registrar (Chair)
President
President-Elect
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 I R Aston
Dr P Graham
Dr C Sharp

Chair
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/Dr R V Johnston
Professor KT Palmer

Registrar
Academic Dean

PROMOTING OCCUPATIONAL HEALTH IN MEDICAL SCHOOLS (POHMS) WORKING GROUP

This group's function is to promote awareness of occupational health and an interest in occupational medicine as a career, amongst medical undergraduates.

Dr M Tohill
Dr M G Braithwaite
Dr G M Fletcher
Dr F C Page
Dr N R Williams

Chair

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 W R Gamble
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 submissions 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 R V Johnston
Dr I R Aston/Col J P Owen
Dr P Graham
Mr H Robertson/Ms S Page
Dr N F Davies
Dr R V Johnston/Dr G Denman

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

Dr D E S Macaulay
 Dr R M Quinlan/Dr J Henderson
 Dr A C Wilcock
 Dr L P Wright

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 N A Brecker	Secretary
Dr S C Sheard	Member of the Board/Executive
Dr J G Bell	4 Members or Fellows
Dr L G Holden	
Dr R D Jefferson	
Dr S Pattani	Diplomate
Dr B Rah	Co-opted non-medical member
Ms S Cave	OH nurse
	Co-opted non-medical member
Ms E Wood	OH nurse
Dr P Graham	Lay member
Mr H Robertson/Ms S Page	Lay member
Mrs D Kloss	Employment lawyer
Dr S J Hunt	Previous Guidance Secretary

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.html 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 Waclawski/	SOM nominee/representative of
Dr A H Mounstephen	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 T Hussain	Chief Examiner AFOM/Part 2 MFOM
Dr A Bray	Deputy Chief Examiner AFOM/ Part 2 MFOM
Dr S R Boorman	Chief Examiner DOccMed
Dr M Henderson/ Dr S M Awbery	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
Dr L Batty	Deputy Chief Examiner WBA
Mr H Robertson/Ms S Page	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	Deputy Chief Examiner
Dr D C H Bulpitt	
Dr N J Cordell	
Dr L A Curran	
Dr J A Halliday-Bell	
Dr B P Lashbrooke	
Dr D H Major	
Dr K A McKinnon	
Dr M D McKinnon	
Dr A K Skidmore	
Professor J Harrison	London School of Occupational Medicine

AFOM/PART 2 MFOM ADVISORY GROUP

This Advisory Group devises, sets and reviews the examination for Associateship of the Faculty and the Part 2 Membership examination which replaced it.

Dr T Hussain	Chief Examiner AFOM/Part 2 MFOM (Chair)
Dr A Bray	Deputy Chief Examiner AFOM/Part 2 MFOM
Dr D Sen	Director of Assessment
Dr S Austin	
Dr A Hirst	
Dr M Jennings	
Dr R V Johnston	
Dr D S D Jones	
Dr S Kumar	
Dr S Sadhra	
Dr J S F Tamin	

DOccMed ADVISORY GROUP

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

Dr S R Boorman	Chief Examiner DOccMed (Chair)
Dr D Sen	Director of Assessment
Dr A J Bray	
Dr J Henderson	
Dr P M Jeffrey	
Dr P F Stuckey	
Dr S T Wang	
Dr L P Wright	

DDAM ADVISORY GROUP

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

Dr M Henderson/Dr S M Awbery	Chief Examiner DDAM (Chair)
Dr D Sen	Director of Assessment
Dr D Beswick	
Dr P Dewis	
Dr T M Gibson	
Dr A M Harvey	
Gp Capt D W Jones	

DAvMed ADVISORY GROUP

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

Gp Capt D P Gradwell	Chief Examiner DAvMed (Chair)
Dr D Sen	Director of Assessment
Dr N Dowdall	
Dr S A Evans	
Dr R V Johnston	
Dr M Lewis	
Wg Cdr H Lupa	
Dr C Sharp	

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 specialist training required in order to achieve Membership of the Faculty.

Professor KT Palmer	Academic Dean (Chair)
Dr K M Venables	Chief Examiner Research Methods
Dr D Patel	SOM representative

SPECIALIST ADVISORY SUBCOMMITTEE

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

Col J P Owen/Dr I R Aston	Director of Training (Chair)
Dr J K Moore	Deputy Director of Training
Professor KT Palmer	Academic Dean
Dr C L Piper	Trainee Representative
Professor K Holland-Elliott	
Dr N G Morris	
Dr I Hastie/Dr E Hughes	
Dr M Hogan	Lead Dean for Occupational Medicine
Dr R M Preece	Royal College of Physicians of Ireland nominee
	SOM representative

CESR (Certificate of Eligibility for Specialist Registration) ADVISORY GROUP

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

Dr C C Harling	Chair
Col J P Owen/Dr I R Aston	Director of Training
Dr J Cartwright	
Dr N K Cooper	
Dr T M Gibson	
Dr P M Jeffrey	
Dr R L Marcus	
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	

REGIONAL SPECIALTY ADVISERS AND DEPUTIES

REGION	SPECIALTY ADVISER	DEPUTY
Northern	Dr C J English/Vacant	Vacant
Yorkshire	Dr J M Shepherd	Dr S M J Powell
Trent	Dr I R Aston/Dr R M Quinlan	Dr R M Quinlan/Vacant
East Anglia	Dr P J Baxter	Dr R D C Farman
N W Thames	Vacant	Dr C F Amos
N E Thames	Dr D C H Bulpitt	Dr M D McKinnon/Vacant
S E Thames	Dr J M W Simpson	Dr A M Finn/Vacant
S W Thames	Professor K Holland-Elliott/Vacant	Vacant
Wessex	Dr R G Crane	Vacant/Dr P S Milne
Oxford	Vacant/Dr J G Spiro	Dr J G Spiro/Vacant
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/Merged with North West	Dr D H Wright/Merged with North West
North West	Dr D G Menzies	Vacant/Dr S Kumar
Wales	Dr M G Tidley	Vacant/Dr G D Jones
South Scotland	Dr A M Leckie/Dr G M Fletcher	Dr P M Jeffrey/Dr S Saravolac
North Scotland	Dr M E Wright	Vacant/Dr E Murphy
Northern Ireland	Dr W R Jenkinson/Dr W R Gamble	Dr W R Gamble/Dr M Tohill
Navy	Surg Capt D C Brown	Surg Cdre G Nicholson
Army	Col R Thornton/Col J P Owen	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/Dr S C Sheard
South Africa	Professor M H Ross	Gp Capt D C McLoughlin
Singapore	Professor J Jeyaratnam	Vacant
		Dr F H Fox
		Professor D S Q Koh

PROFESSIONAL DEVELOPMENT SUBCOMMITTEE

This Subcommittee advises the Board and membership on matters relating to professional development. The focus of its work is currently the development of a revalidation system for occupational medicine.

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

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 L 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
Dr B Bishop	Taylor
Professor P Buckle	Professor M J O'Donnell
Dr J Cherrie	Dr J Osman
Professor D N M Coggon	Professor KT Palmer
Dr D A Cohen	Dr C J M Poole

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE & HEALTH (continued)

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 K Holland-Elliott	Dr K M Venables
Dr F Hurley	Dr S S Williams
Dr R D Jefferson	Dr D H Wright

OCCUPATIONAL HEALTH SERVICE STANDARDS FOR ACCREDITATION STAKEHOLDER GROUP

Following 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. The underpinning accreditation scheme was developed during the year and launched in December 2010. [Job titles/employers correct at inception of the group in 2009.]

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 Assessment Committee Health Inequalities Forum	Professor D N M Coggon
Academy of Medical Royal Colleges and Faculties in Scotland	Dr D Sen
Academy of Medical Royal Colleges in Wales	Dr I M Kennedy
British Medical Association	Dr S J Ryder
Junior Doctors Committee	Dr M G Tidley
Occupational Medicine Committee	Dr C L Piper
	Dr T P Finnegan

Civil Aviation Authority Aviation Medicine Forum
 European Union of Medical Specialists
 Section of Occupational Medicine
 Health and Safety Executive Asthma Project Board
 Healthy Working UK Editorial Board

Health and Work Development Unit (formerly the Occupational Health
 Clinical Effectiveness Unit)
 Executive Committee
 Steering Group

Intercollegiate Faculty of Sport and Exercise Medicine
 Medical Council on Alcohol Advisory Group
 National Cancer Survivorship Initiative
 NHS Plus Stakeholder Group
Occupational and Environmental Medicine Editorial Board
 Professional Organisations in Occupational Safety and Health
 Royal College of Physicians of London
 Council
 Committee on Ethical Issues in Medicine
 Royal College of Physicians and Surgeons of Glasgow
 Council observer

Dr R V Johnston/Dr E J Hutchison

Dr E B Macdonald
 Dr P J Nicholson (Faculty and Society joint representative)
 Ms N Coates
 Dr D Sen

Ms N Coates
 Professor D N M Coggon
 Dr M H England
 Dr C D Payton
 Dr P A Wynn
 Dr D C Snashall
 Dr D C Snashall
 Dr P Griffin (Faculty and Society joint representative)

Professor D N M Coggon
 Dr R D Jefferson

Dr E R Waclawski

EXAMINERS

L A Adisesh
 S Austin
 S M Awbery
 P D Baker
 C G Batty
 L Batty
 D E Bax
 D Bhatnagar
 S R Boorman
 M G Braithwaite
 A J Bray
 D G Bruce
 I M Calder
 K M E Champion
 J Cartwright
 P J Collins Howgill
 D E Cook
 B M S Cooper
 N K Cooper
 B M Crichton
 G W Davies
 A M de Bono
 F D Dick
 N P Dowdall
 K A Eraneva
 G R Evans
 S A Evans
 D Fishwick
 P M Ford
 D F Gallagher
 W R Gamble
 M J E Gann
 T M Gibson
 D A Gidlow
 D P Gradwell
 J C D Gratton
 I L Griffiths
 P R Grime

M Henderson
 C W Ide
 R D Jefferson
 D I T Jenkins
 M Jennings
 R V Johnston
 C J Kalman
 M Kinoulty
 S Kumar
 M E Lewis
 H T Lupa
 R L Marcus
 W J McCulloch
 R M C McNeill Love
 N G Morris
 H K Nixon
 T O Osunsanya
 F C Page
 K J Pilling
 B W Platts
 C J M Poole
 R M Preece
 A E Price
 R M Quinlan
 A S Robertson
 A Rossiter
 P J J Ryan
 S S Sadhra
 S Saravolac
 K Schuchert-Wuest
 A R Scott
 A J Scott
 D Sen
 S C Sheard
 S Turner
 J A Vale
 S T Wang
 M E Wright

EXTERNAL WORKPLACE-BASED ASSESSORS

L A Adishesh
L Batty
M G Braithwaite
A J Bray
D C H Bulpitt
R M Calvert
H S Giridhar
P R Grime
D J Haldane
S J Hunt
P M Jeffrey
H K Kaul

D H Major
M Mansouri
K J Marsden
D N F Marshall
E Murphy
G Nicholson
P J L M Oliver
T O Osunsanya
A K Skidmore
L S Smith
P F Stuckey
P S Turnbull

PROTOCOL AND DISSERTATION ASSESSORS

D F W Ackroyd
L A Adishesh
G G Adkins
R M Agius
T-C Aw
L Bell
J R Broome
D C H Bulpitt
I M Calder
O H Carlton
R F Cordell
T P Cullinan
I P Curry
G W Davies
A M de Bono
F D Dick
A J Eke
A J Emslie
M H England
R K J Forber
G F Furnace
T M Gibson
M S Glenn
P R Grime
M F R Hall
J A Halliday-Bell
A-A Hashtroudi
A Hawley
J A Hobson
F Hurley
D I T Jenkins
R P Johnston
S L Khan

S Khan
K H Ling
E G Lucas
B P Ludlow
I Madan
D N F Marshall
A M Martin
P S Milne
S B Nimmo
H K Nixon
P A Noone
M G Orton
K T Palmer
G Parker
D Patel
R Philipp
K J Pilling
R M Preece
F S Rennie
N C G Richards
A Rimmer
P J J Ryan
D Sen
J M Shepherd
J M W Simpson
D C Snashall
T M Sorahan
M Tohill
S Turner
P G Verow
C T B Vivian
E R Waclawski
A N Williams

REPORTS FROM REPRESENTATIVES ON OTHER BODIES

ACADEMY OF MEDICAL ROYAL COLLEGES HEALTH INEQUALITIES FORUM (AHIF)

The AHIF met three times during 2010. At a meeting in September 2010 the forum considered issues relating to *health inequalities* in the context of the new White Paper - 'Equity and excellence: Liberating the NHS', which had been published in July. Mr Andrew Sanderson, Deputy Director of the Policy Support Unit at the Department of Health, attended the meeting and presented the emerging themes from the white paper: a patient-led NHS; delivery of better health outcomes; and greater autonomy and accountability. The group raised the issue of how best to take account of the views of socially excluded patients, who do not usually exercise their opinions, within the reformed NHS. Mr Sanderson reassured the group that *health inequalities* continue to inform the core principles of the White Paper.

Members debated how commissioning reforms might benefit doctors and patients, supporting the use of process measures, which are likely to play a useful role in the evaluation of health inequalities. Mr Sanderson reaffirmed that the 'outcomes framework' specifically considers equality of healthcare outcomes.

Another Government initiative relevant to health inequalities, the Inclusion Health Programme, was also considered by the forum. This initiative is a cross-governmental activity that has been assessing how well the primary health care needs of the socially excluded are being met, and considering recommendations to improve health outcomes and reduce health inequalities. This strategy was published in March 2010 and has received full support from Ministers. The forum discussed the role of 'choice and voice' approaches for the most vulnerable in society, and how advocacy models might be developed to include the views of disadvantaged groups on health service provision.

Another item considered by the Forum was the Public Health White Paper, published in November 2010. The group felt that this was lacking in terms of 'Inclusion Health' and agreed to provide the Department of Health with suggestions during the consultation period as to how a socially inclusive approach could be better embedded into the Public Health agenda.

The group received a report from the House of Commons Committee of Public Accounts on Tackling Inequalities in Life Expectancy in Areas with Worst Health and Deprivation. Members considered lessons learned from past experience for both the Department of Health and the Colleges.

At the end of last year the forum submitted a response to the Marmot Review, with input from individual Colleges to the Academy Chairman.

The Forum has therefore continued to provide a focus for representatives of the various Colleges and Faculties to share information 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 met in April 2010, October 2010 and January 2011. I attended all meetings and at each one presented a brief summary of the Faculty's current important business.

The members of the Committee are either elected by the BMA Council or the BMA Annual Representative Meeting (ARM) or they represent the Faculty or Society of Occupational Medicine. Dr Paul Nicholson, who is a very active Chairman, has been re-elected for 2010-2011. In addition to meetings, the Committee sends representatives to the BMA's ARM. Apart from myself as the named Faculty representative, the other Committee members have various links to the Faculty which ensures that its view is known by the BMA.

The Committee provides a useful forum to ensure that the BMA, with its wide range of medical interests, does not forget or ignore occupational medicine. There is active coordination by the Committee's secretariat and other BMA committees. Between meetings there is a well used list server to allow Committee members to transact business.

In April 2010 the Committee had a very good presentation by the head of Doctor for Doctors looking at the current state of occupational health for doctors across the UK. The launch of the Faculty's Safe Effective Quality Occupational Health Service (SEQOHS) in January 2011 was welcomed by the Committee, which provides a useful publicity outlet. During the year work has continued on revising *The Occupational Physician* and setting up web links for it to other organisations, such as the Faculty. Follow up work on the 'fit note' has involved coordination within the BMA and this continues. It may lead to a motion for the BMA's 2011 ARM. The Committee has contributed to the BMA's input on a number of Government white papers.

The Faculty have reappointed me as their representative until February 2014. I am always very interested in hearing the views of members of the Faculty on the BMA's work.

Timothy Finnegan

REPORTS FROM REPRESENTATIVES ON OTHER BODIES (continued)

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 2010 were:

- **The governance of Civil Aviation Medicine practice:**
A number of governance activities have taken place during the year which include specialty review panels in areas such as cardiology and ophthalmology. These panels comprise aviation medicine specialists and consultant specialists in the field of medicine to which the panel relates. The panels assist the CAA with developing policy and the secondary review of contentious medical cases. Meetings were also held with the National Private Pilot Licence (NPPL) Organisations to discuss the medical governance of the NPPL system.
- **New colour vision assessment and standard:**
An ophthalmology panel meeting and a number of seminars took place to provide an opportunity for reviewing the new Colour Assessment and Diagnosis (CAD) test developed by City University, in conjunction with the CAA. This attracted attendance from a number of European National Aviation Authorities and ophthalmologists and has now been adopted as the method for advanced colour vision testing for aviation in a number of countries.
- **Responsible Officer Legislation - *The Medical Profession (Responsible Officer) Regulations 2010*.** The Civil Aviation Authority is considered a designated body for the purposes of the Medical Profession (Responsible Officer) Regulations 2010. This means that it will have to appoint a responsible officer for the doctors that are employed by the CAA. The CAA will not provide a responsible officer for other doctors working within the aviation industry.
- **Aviation Health Unit (AHU)**
Cabin Air: The AHU continues to contribute to the study undertaken by Cranfield University which is due to be published soon. The Unit has participated in other work being undertaken within Europe on aircraft cabin air quality standards which include cabin pressure, temperature, humidity, noise and vibration.
Cosmic radiation: The International Commission on Radiological Protection has invited the AHU to join a task group that will produce the Commission's guidance on the application of its recommendations to aircrew. The AHU is overseeing UK preparedness for the forthcoming solar maximal period expected in 2013.

• Development within Europe

European Aviation Regulations: The CAA is contributing to the development of the new European regulations for aeromedical certification. The Forum was briefed on forthcoming stakeholder meetings to which representatives of European Airport organisations and professional pilot organisations had been invited. Two areas of European Aviation Safety Agency (EASA) requirements remain contentious, namely the Light Aircraft Pilots Licence (LAPL) and cabin crew medical requirements. The draft regulations are available on the EASA website and the CAA has published its responses to these on the CAA website.

Ewan Hutchison

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

The European Union of Medical Specialists was established in 1958 and over the subsequent years specialist sections have been set up for those specialties which are recognised within the European Union. The Section of Occupational Medicine was established in 1997 through the joint initiative of the UK and Ireland. The objectives of the UEMS are the study, promotion and harmonisation of the highest level of training of medical specialists, medical practice and health care within the European Union; and promotion of the free movement of specialist doctors within the European Union (EU). Each member country can have two representatives and the Faculty and Society of Occupational Medicine are represented on the Occupational Medicine Section.

The aim of the Section is to promote the development of the specialty of Occupational Medicine in Europe. Its strategy is to support and develop the role of occupational medicine in society. This includes influencing EU legislators, collaborating with appropriate institutions, ensuring the quality of training and professional practice, and identifying and taking action on common issues.

The section meets twice a year and it is hosted in an informal rotation of member states. Dick Spreeuwers representing the Netherlands is the current president and the membership is expanding each year. Bernard Maillet, the General Secretary of UEMS attends where possible to keep the section informed of the work carried out by UEMS. EASOM (European Association of Schools of Occupational Medicine) remains an important collaborator and has assisted with the development of an EU accreditation system for continuing medical education. A subcommittee has now been established to approve conferences and other educational events as part of a wider UEMS project.

Since the Section was established it has been actively involved in a variety of activities; details can be found on the website at: www.uems-occupationalmedicine.com. The Section currently has four main working groups with the following key objectives:

1. promotion and harmonisation of postgraduate training and objectives in collaboration with EASOM;
2. enhancement of the position and promotion of the Section within political networks in the EU;
3. promotion of high quality occupational healthcare for all EU citizens;
4. identification of the changing working environment and position of workers in the EU.

One of the most recent pieces of work carried out by the Section is a survey of all member countries' professional associations in order to explore their role in professional development including ethical and practice standards, continuous education, and quality improvement. It is hoped that this survey will be published later in 2011. In addition, there has been joint collaboration in educational events with EASOM and in the development of an Assessment Tool, planned to be piloted later in 2011.

Meetings in 2010 were held in the Netherlands and Romania with the next meeting planned for London Spring in 2011.

Ewan Macdonald

HEALTH AND SAFETY EXECUTIVE (HSE) ASTHMA PARTNERSHIP BOARD

The Asthma Partnership Board meets twice a year. It 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. HSE strategy includes long latency disease and asthma as priority areas. There is still work to be done and HSE will focus on two sectors – bakers' pocket cards (flour dust) and motor vehicle repair (isocyanates).

For motor vehicle repair there is planned enforcement activity to promote guidance. In the bakery industry HSE is developing a plan of action on how best to reach the target audience, eg bakers' pocket cards used to raise awareness in small and medium enterprises.

I was able to update the Board on the new Occupational Health Service Standards for Accreditation and the updated British Occupational Health Research Foundation's Evidence Review on Occupational Asthma. A sub-group of the occupational asthma special interest group also produced guidelines for the health surveillance of laboratory animal workers and these were published in the journal *Occupational Medicine* in December.

The Board has a new three year strategy/planning document setting out its aims and objectives. There is a web community for Asthma Partnership Board members, and others with an interest in respiratory disease at: <http://web-communities.hse.gov.uk/connect.ti/asthma-project-board/>.

Paul Nicholson

INTERCOLLEGIATE FACULTY OF SPORT AND EXERCISE MEDICINE

The Intercollegiate Faculty of Sport and Exercise Medicine continues to work hard on behalf of its Fellows and Members to ensure that the new specialty develops and meets the challenges facing the NHS. There are now 555 Fellows and Members, and it is good to see the 'top-up trainees' continuing to come through the Combined Programme for a Certificate of Eligibility of Specialist Registration. The first trainees are expected to complete their training in August 2011, and there is growing interest in the specialty amongst undergraduates, with 98 medical students becoming Affiliate Members. A future priority of the Education Committee is to lobby medical schools for Sport and Exercise Medicine (SEM) to become incorporated within the medical school curriculum. The Council, however, has major concerns over the lack of National Health Service sport and exercise medicine (SEM) consultant posts as this is starting to affect morale, with some trainees having left their programmes to pursue other specialties. The Faculty is working closely with the Department of Health to address this issue by demonstrating the business case and creating a greater awareness among commissioners of the contribution that SEM specialists can make to improving health and healthcare. The Article 14 process remains a tiresome one for some applicants but it is hoped that under the stewardship of the General Medical Council this will improve.

Despite the prevailing economic climate, the Faculty is in good financial health, anticipating a modest surplus for the year end. Importantly, the two main cost centres, the Diploma examination and the appraisal and revalidation programme, are in balance. With considerable inflationary pressures, however, it will be necessary to increase Members'/ Fellows' fees, and examination fees above the rate of inflation for 2011.

Michael England

MEDICAL COUNCIL ON ALCOHOL

The Medical Council on Alcohol (MCA) is a charity concerned with the effects of alcohol on health. Its members come from all medical specialties including occupational medicine. I am the Faculty's representative on the MCA, and also an Executive Committee member.

I attended the annual general meeting and seminar of the MCA on 25 November. Professor Sir Ian Gilmore gave the keynote lecture on 'The UK's troubled relationship with alcohol – a challenge for policymakers'. He told us that illicit and informally produced alcohol produced in unrecorded but huge amounts worldwide has become a serious problem. There has also been an inexorable rise in alcohol consumption in the UK especially in consumption of cider and wine. Binge drinking is a major problem; much more of a problem in women than previously, and now also occurring in one in five teenagers. Women are the new kids on the block, partly because of the new ladette culture. He also expressed concern about the way that advertising is aimed at women and at young people. The UK's rate of cirrhosis of the liver has now passed that of Europe. Passive drinking, including foetal alcohol syndrome, is becoming more prevalent – in other words, misuse of alcohol causing harm to people other than the drinker. Inequalities in health across the social divide are contributing to alcohol related health problems. People from disadvantaged backgrounds are two and a half times more likely to suffer harm from alcohol. He advocated price increases and a ban on below cost selling. Although some objectors fear that this would be unfair and would punish everyone, in actuality it will have a far greater deterrent effect on young people who intentionally buy the very cheapest alcohol in off sales establishments rather than the pattern seen in sensible social drinkers who already pay much more for the drinks they buy in pubs and restaurants.

The previous Government increased the duty on alcohol above the rate of inflation and considered polices to substantially increase the duty, link it to alcohol strength, and to introduce minimum unit pricing. Unfortunately these policies were not implemented.

There are, however, some more hopeful signs at local level and Greater Manchester Council is now considering a minimum unit pricing policy.

In addition to my work with the MCA, I published a review article in *Occupational Health* magazine in September 2010 on testing for drugs and alcohol at work and I am talking at Health And Well-Being At Work 2011 on the intensive support programme for workers with alcohol misuse problems that we have developed in our department in the Royal United Hospital, Bath.

Colin Payton

NATIONAL CANCER SURVIVORSHIP INITIATIVE (NCSI)

The UK Cancer Reform Strategy (2008) highlighted the effectiveness of cancer treatments and the growing number of working age cancer survivors. The Strategy has led to the formation of the NCSI, tasked with improving diagnosis, treatment and the post-treatment experience of cancer survivors. The challenges faced in the workplace by many cancer survivors have been recognised as a specific theme of the NCSI, within the remit of the Work and Finance Working Group on which I represent the Faculty. The past 12 months have seen a successful bid for funds from the Department of Health to develop an online learning package, suitable for use by occupational health physicians, which seeks to increase knowledge and understanding of the cancer survivorship issues of physicians advising employees affected by cancer. This project is nearing completion and, subject to further review, will hopefully prove to be the first such resource aimed specifically at an occupational health audience, and approved for CPD, in the UK.

Philip Wynn

PROFESSIONAL ORGANISATIONS IN OCCUPATIONAL SAFETY AND HEALTH (POOSH)

POOSH brings together a wide variety of bodies (currently 14) whose aim is to improve health and safety in the workplace. For the objectives of POOSH you can either look at the website (www.poosh.org) or review my report on page 54 of the Faculty's 2009 Annual Report and Accounts.

POOSH had four meetings and a Summit (with Geoffrey Podger, Chief Executive of the Health and Safety Executive) in 2010. Significant activities for the year include:

- the secretariat moved from the offices of the Faculty and Society of Occupational Medicine to that of the International Institute of Risk and Safety Management (IIRSM)
- the proposed Competency Register for Health and Safety Consultants was established
- the minutes of the Council for Work and Health (CfW&H) meetings were being sent to POOSH (strictly for internal information and not for any wider publication)
- consideration was given to widening POOSH membership to organisations concerned solely with safety (eg the Royal Society for the Prevention of Accidents, British Safety Council) as well as health and safety.

The POOSH Summit (on 26 November) gave POOSH Representatives the opportunity to question Geoffrey Podger directly about the implementation of the Lord Young Report following his resignation. Mr Podger was able to assure us that the recommendations in the Report remained Government policy and would be implemented, but there would no longer be a single person to drive them forwards.

Mr Podger also stated that HSE would be expected to face cuts of 35% of its Government funding. This would result in a change (in emphasis) in how it carried out its business. There was a possibility that some extra funds could be raised by claiming costs from companies found to be at fault in health and safety cases. POOSH could be of assistance to HSE by producing expert guidance for use by small and medium enterprises.

As the aims and objectives of the Council for Work and Health (CfW&H) and POOSH are very similar, the Faculty and Society have decided to relinquish membership of POOSH and concentrate on CfW&H activity as from the end of 2010. However, I will continue attending POOSH Meetings wearing my IIRSM hat.

Peter Griffin

REPORTS FROM REPRESENTATIVES ON OTHER BODIES (continued)

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

The Committee, which is broad ranging and inclusive, 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. The Committee is currently chaired by Professor John Saunders and has a wide membership including representatives of many of the medical specialties, lay members and professional and academic theologians, lawyers and the President and Registrar of the Royal College of Physicians. There is also representation from a variety of patient and carer groups. As can be appreciated with the wide-ranging remit, any impact on occupational medicine practice will tend to be peripheral rather than direct.

The main themes of discussion for 2010 concerned: the physician's role in assisted suicide and voluntary euthanasia; organ donation and whether the UK should have a mandated choice system in place; the ethics of complementary and alternative medicine; the use of human bodies in medicine and research; ethical aspects of the MMR case; the Nuffield report on dementia: ethical issues; issues arising from the Department of Health's Review of Access to the NHS by foreign nationals; and issues relating to confidentiality: patient information vs public welfare. This is not an exhaustive list but gives an indication of the range of issues and the cross-cutting nature of most of these themes, although in 2010 the committee did not deal with any occupational medicine issues directly.

The Committee meets approximately four times a year although there is a significant amount of electronic dialogue and consultation in between meetings. 2010 was my fourth year on the Committee and continues to give me a fascinating insight into a broad range of issues outside my normal practice.

Bob Jefferson

REPORTS FROM CONSTITUENCY ELECTED TRUSTEES

SCOTLAND

We are again in the midst of a financially challenging period. Most occupational health services in both the private and public sectors are experiencing budgetary pressure. Of course, organisations are questioning the value of occupational health services, which some less enlightened employers do not see as immediately contributing to the bottom line. It is now, more than ever, important that the Faculty promotes the benefits that the good health of employees brings to organisations and I see this as an essential part of my role as Scottish representative.

Of particular concern this year was the significant reduction in consultant posts which occurred in NHS Greater Glasgow and Clyde, and the resultant reduction in trainers and potentially in training posts. It is reassuring that, as yet, there is no evidence that this decision has influenced other NHS Boards and it may reflect a unique set of circumstances in Glasgow.

On a similar theme, it was clear that funding pressures could have resulted in a reduction in occupational health training posts within the NHS, as cuts were planned for other specialties. It is pleasing to hear that the Scottish Government Health Department has agreed to maintain funding to support the training of three occupational medicine trainees per year in the NHS. This decision reflects the value of the establishment of an occupational health Training Director within NHS Education for Scotland, currently Alastair Leckie. There are currently three trainees in the private sector and it is anticipated that this will increase to four in 2011. Two GP trainees are participating in the occupational health Fellowship programme with plans for a third post in place.

The system of Regional Specialty Advisors is working well. At the present time, Liz Wright is Regional Specialty Adviser in the north assisted by Liz Murphy as deputy and in the south this work is carried out by Gillian Fletcher and her deputy Stanislava Saravolac.

Jon Spencer has been an External Specialty Advisor since 1992 and stood down this year to be replaced by Mark Hilditch. Eugene Waclawski now represents the Faculty at the Royal College of Physicians and Surgeons of Glasgow and we continue to try to establish a similar arrangement with the Royal College of Physicians of Edinburgh.

I sit on the Academy of Medical Royal Colleges and Faculties in Scotland as the Faculty representative. The Academy has been active in the following areas of particular relevance to occupational medicine:

- revalidation
- workforce planning

- external advisors programme – of note has been the Academy's guidance on the DCC/SPA (direct clinical care/ supporting professional activities) split in the new consultant Job Plans to prevent the erosion of time for teaching, research, continuing professional development, revalidation etc.
- European Working Time Regulation (EWTR) and junior training
- Scottish Intercollegiate Guidelines Network (SIGN) – I act as Academy representative
- suspension of the Scottish consultants' clinical leadership and excellence awards scheme

I am more than happy to take forward individual member's views to the Faculty Board or the Scottish Academy.

The Faculty and Society of Occupational Medicine continue to work closely together, and the Society's financial support of trainees to facilitate attendance at educational meetings is appreciated.

Steve Ryder

WALES

This is my first report since election and I wish to thank my predecessor Dr Geoff Denman for his work and service to the Faculty during his term of office. In 2009 Geoff reported that the *One Wales* Occupational Health Task and Finish Group recommendations had been accepted by the Welsh Assembly Government. In response to this, a second Ministerial Task and Finish Group was convened in late 2009. The Group was chaired by Professor Sir Mansel Aylward and it was tasked to consider in detail options for a National Occupational Health and Wellbeing Service for Wales. The Group met on several occasions in 2009-10 and submitted a final report with detailed recommendations to the Minister for Health and Social Services on schedule in late 2010. A response is anticipated in early 2011.

Nationally, I represent the Faculty in the Academy of Royal Colleges in Wales providing regular reports about Occupational Medicine and also contributing to Government consultations. Since 2009 I have also chaired the Academy of Royal Colleges in Wales and I hope this will enable me to further raise the profile of our specialty within Wales and beyond.

Occupational Medicine Teaching Leads have now been established at both Cardiff and Swansea Medical Schools and the Leads are actively contributing to the undergraduate and graduate entry teaching programmes. During 2010 one of the three Specialist/Specialty Registrars within The Wales Specialist Training Programmes successfully completed training and obtained Membership on schedule. The

REPORTS FROM CONSTITUENCY ELECTED TRUSTEES (continued)

Programme and trainee numbers in Wales otherwise remain in *status quo*. Although the National Specialty Advisory Group (NSAG) for Occupational Medicine has not been able to meet during 2010, the Chair has attended a Welsh Medical Committee workshop for NSAG Chairs and a meeting of our NSAG is planned in early 2011.

Mike Tidley

NORTHERN IRELAND

Regional Specialty Advisor

Dr Bill Jenkinson stood down as Regional Specialty Advisor (RSA) in 2010 and Dr Rodney Gamble was appointed as his successor. I then took over the role of Deputy RSA and was also appointed Training Programme Director for Occupational Medicine in the Northern Ireland Deanery (NIMDTA).

Undergraduate Teaching

Efforts to progress the increase and further development of undergraduate teaching in Occupational Medicine in Queen's University Medical School continue. The third year student selected component (SSC) remains one of the biggest modules on offer, with 16 – 18 students on each SSC. A lecture to second year medical students on 'Work related health and disease' has also been introduced as part of the Public Health Syllabus. Other options to increase teaching in occupational medicine in undergraduate medical education are being considered.

Joint conference with the Faculty of Occupational Medicine (Ireland) in October 2010

The joint Faculty conference 'Promoting positive mental health in health professionals' held in Newry on 1 October 2010 was a great success with 99 delegates attending from the UK and Ireland. Dr Michael McBride, the Chief Medical Officer for Northern Ireland, and Mr Martin Bradley, Chief Nursing Officer, also attended what was a very rewarding day. A number of important messages were delivered.

Local consultations/issues

Early in 2010, a meeting took place between the Faculty Forum, the Royal College of General Practitioners (NI) and the Department of Social Development (DSD) in Northern Ireland to discuss the practical steps on the implementation of the "fit note" which was introduced on 1 April 2010.

Doctors in Difficulty

Exploratory discussions have taken place between the Department of Health, Social Services and Public Safety, members of the Faculty NI Forum, Health and Social Care Consultants in Occupational Medicine and members of the Royal College of Psychiatrists (NI) on the management of

doctors in difficulty in Northern Ireland.

Education sessions are currently being rolled out within Trusts to foundation and specialty directors on the management of doctors in difficulty, and this work is ongoing. Consultants in Occupational Medicine have a large part to play in the development, planning and delivery of this training, which is endorsed by senior medical management and the medical directors of the Trusts. We have seen a large increase in the numbers of doctors attending occupational health in Northern Ireland between 2009 and 2010 and effective processes at local level are continuing to be developed.

Martin Tohill

SPECIALIST/SPECIALTY REGISTRARS

Trainees in occupational medicine have had the opportunity to feedback to the Faculty through their representative on the board.

The Faculty Board was pleased with the trainee feedback that was received regarding the Faculty's strategy document, Future Directions for Occupational Health Care in the UK, which was presented at the board meeting on 12 October 2010. More feedback is required from all trainees particularly as the systems for assessment and examinations are being modified and developed.

Two occupational medicine trainees attended the Academy of Medical Royal Colleges workplace-based assessment (WBA) forum on 25 October 2010. Feedback from the forum included whether the WBA is fit for purpose and being used effectively. It is currently occupying over half a million hours in postgraduate medicine. Consideration is also being given to moving away from calling it an assessment and alternative options include supervised learning event and learning opportunity. There is also a move towards a registration process for assessors.

The cost of a Certificate of Completion of Training (CCT) or a Certificate of Eligibility for Specialist Registration or GP Registration (CESR or CEGPR) will be reduced by £305 by the General Medical Council. This change took effect from 9 December 2010. It will now cost £500 for a CCT and £1,600 for a CESR or CEGPR.

The Faculty website is being redesigned and updated and there is a plan for it to include information about a proposed trainee support group which is under development.

Academy Trainee Doctors Group (ATDG)

- The Government is to establish a new approach to Criminal Records Bureau (CRB) checks for junior doctors. This move will help to reduce the unnecessary costs incurred by the NHS when a junior doctor moves position as part of their training. The Department of Health will now make sure that NHS employers are aware that they can allow existing CRB checks to be used, simplifying checks for junior doctors and reducing costs.
- Occupational Medicine is content regarding the Centre for Workforce Intelligence recommendations to maintain the current number of training posts in occupational medicine. However the Faculty is working on a paper on manpower to assess our future needs.
- With regard to trainee fees, the ATDG feels there should be transparency and trainee input into discussions regarding fees or changes to fees. Any increase in fees should ideally be introduced gradually.
- In response to the concerns expressed about national professional examinations, the General Medical Council (GMC) has confirmed the position. All doctors (re-)entering training by 31 October 2011 can carry valid national professional examinations into the CCT training. In the meantime the GMC has agreed to grant an extension to the current arrangements to 31 October 2012 whilst further consultation takes place.

Clare Piper

**Annex 3:
Award of Fellowship for 2010**

**Annex 4:
Award of Membership for 2010**

**Annex 5:
Award of Associateship for 2010**

**Annex 6:
Award of Diploma in Occupational
Medicine 2010**

**Annex 7:
Award of Diploma in Aviation Medicine 2010**

**Annex 8:
Award of Diploma in Disability Assessment
Medicine for 2010**

ANNEX 3

Award of Fellowship for 2010

L Bell
D A Cohen
F D Dick
H N Goodall
M R Groom

R G Hall-Smith
E F Kemp
I M Kennedy
F O Omokhodion
D Patel

Honorary
Professor Sir Ian Gilmore
Dr S M Shanbhag

ANNEX 4

Award of Membership for 2010

Winner of the 2010 Peter Taylor Award
(for the best dissertation submitted):

Dr S Clift

K Asanati
C J Atkinson
D Carey
J M Clarke
D A Cohen
S D Forman
Y A Habbab
M R Hansia
D C Haseldine
K J Haworth
C E Jackson
S M S Jackson
B M C MacGreevy

R S Mikuliszyn
S Morello
A M Murphy
H N Phoolchund
T G Radford
N A L Smith
R R Srivastava
A J Swan
H R Timothy
A Trakoli
S Varadarajan
J G Williams
K P Williamson

ANNEX 5

Award of Associateship for 2010

January 2010 examination

A Adanijo
F A Agarwal
P O Awotula
R M Barraclough
H A Bhogadia
N A Brecker
D Carey

G S Davies
C J Grobler
D H M Hoar
M E Jacklin
O D Keyes-Evans
M Rosso

*No of candidates sitting: 19
No of candidates passing: 13
Percentage passing: 68%*

October 2010 examination

The Regulations for Membership provide for trainees, enrolled in an approved higher specialist training post or programme in occupational medicine in the UK before 1 August 2007 and who did not transfer to the new curriculum before 1 January 2009, to be awarded Associateship of the Faculty on success in the Part 2 MFOM examination, which replaced the AFOM examination after January 2010

S Farmer

*No of candidates sitting: 3
No of candidates passing: 1
Percentage passing: 33%*

Winner of the 2010 William Taylor Prize
(for the highest overall score)

Dr R M Barraclough

ANNEX 6 Award of Diploma in Occupational Medicine for 2010

May 2010 examination

S Ahmed	N Merrylees
O W Akpala	B C Metcalfe
S Arakkal	S Miller
S C Beattie	J K Mulvaney
D J G Brown	S Nellyullathil
J C Chalkley	U D Nmerengwa
S S Chandan	A A Obishai
R-W Chang	U C Olakpe
A M I Dagig	R Orr
K Dhingra	R A Osijo
S P C East-Miles	A J K Pain
N Gopakumar Pillai	P B Parekh
J A Hall	D R Patel
A Hameed	R Pawar
C R Hartmann	N Stone
B Kreuder	N P Swift
D F Law	S Tomlinson
E M Lindsay	F S Watt
J A Low	S J Weston
R D McGrath	

*No of candidates sitting (able to pass full diploma at this sitting): 55
No of candidates passing: 39
Percentage passing: 71%*

ANNEX 6

Award of Diploma in Occupational Medicine for 2010 (continued)

November 2010 examination

Winners of the 2010 AstraZeneca Awards

(for the highest overall score)

Dr S Ahmed

Dr R-W Chang

Dr N C Momoff

J Alderson

K J Ariyo

A M Bell

A E Ben-Edet

D J R Campion

A C Darby

M T Dillon

J B Dooris

O I Hasan

R U Hassan

J J Johnston

A Kauser

S K Koyitty Veedu

M G B Lambert

I V Lamboi

M Mann

C P Martland

N C Momoff

S C Monella

M A Monroe

C A Moore

C E Nwankwo

A O Ola

A O Olujobi

J M Perry

M J Powell

R G Rendalkar

E Rodgers

M Rowell

H Trakoshis

I O Uoro

P Weadick

S U Westphal-Burdon

L K Williams

No of candidates sitting (able to pass full diploma at this sitting): 56

No of candidates passing: 34

Percentage passing: 61%

ANNEX 7

Award of Diploma in Aviation Medicine for 2010

The following prizes are awarded by the Faculty-approved Kings College London (KCL) Diploma in Aviation Medicine (DAvMed) course

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

Dr J R Naylor

Winner of the Barbara Harrison Memorial Prize (awarded by British Airways to the student of the KCL DAvMed Course who has demonstrated commitment to others and determination to succeed throughout the course and in gaining the Diploma)

Dr Z P Tan

U Ali

A K Cherian

J M Clarke

M S Clements

M I Hussin

S Jeevarathinam

D S Joshua

H A Nash

J R Naylor

A A Sulaimani

Z P Tan

M J Turner

A Twinobuhungiro

C G Wilkinson

N S Zainal

No of candidates sitting: 17

No of candidates passing: 15

Percentage passing: 88%

ANNEX 8

Award of Diploma in Disability Assessment Medicine for 2010

Winner of the 2010 Corporate Health Prize
(for the best performance in the examination)

Dr C M Bourne

S Bolton
C M Bourne
A Chiorean
A Chisalita
G Ciupala
J H Pacanowski
P Sadh
A Siekacz

No of candidates sitting: 13
No of candidates passing: 8
Percentage passing: 62%



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