



Faculty of  
Occupational  
Medicine



**Summary**  
**Annual Report 2005**





**David Snashall**  
President

I took over the Presidency of the Faculty from Bill Gunneyon in mid-2005. Immediately the experience was like having jumped on to a fast moving train, and the train hasn't stopped moving ever since. No reason to suppose that the pace of change for the Faculty is any different from that of medicine in general, but my impression is that it is a good deal faster than it used to be.

The academic base of our specialty has changed and widened as perhaps befits a post-industrial society where labour is no longer cheap and the emphasis is as much about human performance as about technological development. All this has had a profound effect on occupational health services as well – it would make for an interesting exercise to compare the day-to-day activities of a typical occupational physician in 2005 and 1985. The skills required are quite different nowadays and this has to be reflected in the way we develop. This change has led to a marked increase in the Government's interest in what occupational medicine has to offer. For the first time there is a serious dialogue between the Department for Work and Pensions and the Department of Health which is symbolised by the creation of an entirely new post – another in the line of Tsars – the National Director for Occupational Health.

Various work streams came to fruition this year, particularly the publication of *The Health and Work Handbook*, the launch of which was celebrated by an excellent conference, and *Creating a Healthy Workplace* which I launched along with the President of the Faculty of Public Health in Derby in January 2006. The Faculty put in some telling evidence to the House of Commons Health Committee's consultation exercise on work and smoking and the

subsequent ban on smoking in the workplace will probably be one of the most important measures to protect workers' health that we will see. We will soon see the publication of the *Guidance on Alcohol and Drug Misuse in the Workplace*, the 6th edition of *Guidance on Ethics for Occupational Physicians* and the 4th edition of the seminal *Fitness for Work*. These documents are awaited not just by us, but by other organisations who now regard them as authoritative.

My concern – and it should be yours as well – is that despite the increasing profile of occupational medicine, the numbers entering the specialty remain static. Some of this is due to restrictions on training and some to an improvement in terms and conditions in other branches of medicine, especially general practice. In order for occupational medicine to survive and grow vigorously, the Faculty needs to expand and to concentrate its resources so that the Government and employers know that it is here, in the Faculty, where the power and expertise in occupational medicine lie. To this end I have made formal approaches to the Society of Occupational Medicine with a view to much greater working together. Occupational medicine, like general practice, is a 'holistic' specialty and we need to come together more rather than bud off and become isolated.

I have also tried to cement even more firmly our relationship with the Royal College of Physicians whose wealth of strengths and services we have been very grateful to use from time to time, and the Academy of Medical Royal Colleges. The Faculty is a full member of the Academy and there is a surprising number of issues in the wider world of medicine to which we can contribute. I have also had very fruitful talks with the Irish Faculty on the subject of mutual recognition of experience and qualifications.

I should like to thank the many volunteers on committees and in working groups for their invaluable contributions and would also like to record my thanks to my dedicated colleagues on the Board and the Executive Committee and in the Faculty office for their hard work and support during 2005.

David Snashall



**John Harrison**  
Academic Dean

A stated objective of the Faculty is "to develop and maintain for the public benefit the good practice of occupational medicine with a view to providing for the protection of people at work by ensuring the highest professional standards of competence and ethical integrity." The training and assessment review has dominated the academic business of the Faculty, this year. There has been considerable uncertainty about aspects of the review, particularly its context in relation to a general shake-up in medical education stimulated by the Postgraduate Medical Education and Training Board, or PMETB, as it has become known. We have had to imagine what the training world might look like in 2007, with specialist training being designated to begin immediately after Foundation Years' training. We have had one eye on what we want for our training and the other on what the other Colleges and Faculties have been doing. Add to the mix preparing for Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003 and transitional arrangements for training and you can see that, for a small Faculty such as ours, 2005 has been challenging.

Phase 1 of the review was reported to the Board in July and phase 2 is now under way using a project management approach. Our focus now is to have the new training arrangements ready for August 2007.

- Training will be competency based.
- The length of training will be indicative, although higher specialist training will still approximate to 4 years.
- There will be a revised curriculum.
- There will be two Faculty examinations, one of which will form an exit examination.

- In addition, workplace-based assessments will be introduced to provide both formative and summative assessments of training.
- Transitional arrangements for trainees beginning training in 2006 and up until July 2007 will be announced early in 2006.
- We will consult with stakeholders about the proposed changes in the second half of 2006.

Finally, I would like to thank the Chief Examiners for their continuing endeavours, Jane Davies for her much valued administrative support and, last but not least, thank you to my colleagues, Dennis Ferriday, Martyn Davidson and Jacques Tamin, for their drive and enthusiasm in taking forward the academic agenda.

John Harrison



Dennis Ferriday  
Director of Assessment

It has been another busy year for all those involved in assessment and examination development. A tremendous amount of work has been undertaken during 2005 to move the examination redevelopment project forward and I am indebted to my Chief Examiners, Tony Batchelor, Steve Boorman, John Cartwright, Moira Henderson, Adele Pilkington, and Dil Sen. The Chief Examiners, together with their Advisory Groups, have worked hard not only to deliver the current examinations but also to support the examination redevelopment project.

The principal task over the year has been to identify the examination methods that we can use to confirm that Specialist Registrars (SpRs) have gained specific competencies. David Brown, together with his workgroup, was asked to undertake this work and they have made tremendous progress during the year.

John Harrison, Martyn Davidson and I have also worked very closely with David Brown's group and the Chief Examiners to ensure that the new examination system will be compatible with the changes in higher specialist training that are also being developed. We are also beginning to define how best to undertake in-work assessments for individual SpRs. This is a new assessment method for the Faculty and implementation is not without its challenges, but we are slowly beginning to address the implementation issues and develop the examination methods that will be a major element of our assessment in the future.

We have defined the commitment examiners will have to make to examining in the future and have also developed a formal selection process for new examiners. We see continuous training of examiners as a key element of maintaining acceptable performance in our examinations and John Cartwright, whilst maintaining and improving the current training arrangements, also intends to develop specific training and coaching for examiners during the examinations.

We have worked hard during the year to start to formalise the delivery of examinations by the development of written processes. We have also started to review our current examination data set such that we can use it in the future to audit quality and identify bias within the examinations.

We are working with other Colleges and Faculties, facilitated by the Academy of Medical Royal Colleges, in examination development. One area of particular interest is that of examination cheating. We are taking this particularly seriously and are reviewing our current methods for detecting and dealing with examination cheats.

Finally, I would like to give my sincere thanks to Charlotte Pedersen. She carries the major burden of delivering the examinations and I am particularly appreciative of the hard work and intellect that she has applied to this task during 2005.

In summation, 2005 has been hard work for all those involved in the development and delivery of Faculty examinations. I think 2006 will be just as hard. We have made significant progress, although there is a long way to go, but as my boss always says "team work is a lot of people doing what I say". If only it were thus!!

Dennis Ferriday



Martyn Davidson  
Director of Training

In May 2005 I took over from Gordon Parker, with Charlie Wilcock as my deputy. Louise Heyes, Head of Education & Training, went on maternity leave in July, when Jean Whaley very capably took over as Acting Head of Education and Training.

**Aims**

During 2005 we aimed to continue to support the training process, Specialist Registrars (SpRs), educational supervisors and Regional Specialty Advisers (RSAs), and in addition:

- monitor the progress of the Postgraduate Medical Education and Training Board (PMETB) and respond to any changes that it introduced;
- set up procedures to manage applications under Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003;
- improve our support for RSAs;
- develop a database to enable improved reporting and monitoring of our training posts and trainees.

**PMETB**

From the inception of PMETB, it has been apparent that it would change the training process and that the Faculty would need to track PMETB output, assess the impact of proposed changes and shape the agenda by dialogue. To that end we largely succeeded in ensuring Faculty representation at PMETB consultative meetings.

The PMETB assumed its statutory powers on 30 September 2005. An important change that arose during the year has been the process of training post approval with new PMETB procedures. Visits completed by this method were successful, albeit cumbersome; we are negotiating simpler arrangements with the PMETB.

### Article 14

There is now a route for entry onto the specialist register for doctors who have not undertaken an approved training programme. Such applicants are required to demonstrate competence gained through a combination of training, qualifications and experience. The Faculty has a role in evaluating applications for occupational medicine and advising the PMETB accordingly.

Mid-year, the PMETB generated a requirement for the Faculty to produce Specialty Specific Guidance for applicants. We were pleased to meet the deadline for this piece of work, which was derived from *Good Medical Practice for Occupational Physicians*.

An Advisory Group has been established for the purpose of evaluating Article 14 applications. This group met twice to prepare for its task, since it will be required to judge each application and make recommendations within a seven week timeframe.

### Regional Specialty Advisers

Charlie Wilcock has organised meetings for the RSAs and their Deputies to update them. The Specialist Training Sub-Committee worked with Ian Hastie, the Lead Dean for occupational medicine, and will be updating the Specialist Training Handbook.

### Training post database

Our information on training posts was limiting our ability to manage the approval process, so we are building an improved database due for completion in the first half of 2006.

At year end we had 60 SpRs in NHS training posts and 90 SpRs in non NHS training posts. The total at 150 is somewhat down from 2004 (163).

### Plans for 2006

These include:

- refining the Specialty Specific Guidance for Article 14 applicants;
- managing Article 14 applications and monitoring the processes used by other Colleges and Faculties;
- developing a post approval process that is efficient, quality assured and acceptable to the PMETB;

- ensuring that changes to the workplace-based assessment process, which will impact upon Records of In-Training Assessments (RITAs), are successfully introduced;
- updating the Specialist Training Handbook.

Martyn Davidson



Jacques Tamin  
Director of Professional  
Development

The planned implementation by the General Medical Council (GMC) of licensing and revalidation for registered medical practitioners, planned to start in April 2005, has been delayed by the GMC. However, it is very likely that compliance with Continuing Professional Development (CPD) will remain an important feature of the assessment for revalidation.

The number of CPD returns for 2004 continued on the upward trend from previous years. The majority of those audited demonstrated that they had a good understanding of the scheme.

There will be some changes to the scheme starting in 2006, and further changes are planned, with the aim of making the scheme increasingly "user friendly" in future.

I should like to take this opportunity to thank Anna McNeil for progressing these changes and for her excellent administrative support to CPD over a number of years and also to welcome Graham Whittall who took over from Anna in August.

The Dame Janet Smith report, following the last Shipman Inquiry, delayed the start of the GMC's Revalidation and Licensing process, which had been due to start in April 2005. It is clear however that the GMC considers that participation in CPD schemes provided by Academy (of Medical Royal Colleges) members will remain an important component of the revalidation process.

The long-term aim is to promote a climate in which high quality CPD is accepted as a professional obligation and valued and undertaken by all, as stated in last year's annual report. One measurable objective is to see a greater participation by our members in the CPD scheme every year and we are making good progress. In 2004, there were 368 CPD returns, compared with 340 in 2003 and 292 in 2002. However, this still means that we have only 60% participation (of specialists), and the aim should be for 100%. Fifty members participated in the audit, of whom 78% were confirmed as having 50 CPD points or over, and 22% were below 50. This is the third year I have been involved with this audit. I have noticed a definite improvement over that period in the audit submissions.

The main change to the scheme is that, as from 2006, the deadline for submission of annual returns will be 31 March instead of 31 January. Those who miss the deadline will now incur an administrative charge. Although form CPD 6 is expected to be signed by the appraiser, this section can be left blank if appraisal has not taken place by March and the completed version sent in later. We will be exploring ways in which CPD submissions could be submitted electronically and I would hope for this to be possible in 2007.

The emphasis from the GMC is now more on quality rather than quantity, and there is interest as to how outcomes, such as behaviour changes, could be documented. One of the ways is by reflecting on any new learning, and recording this. I therefore would encourage you to record this whenever you can, especially for internal CPD. After all, the whole point of CPD is to improve professional practice, for the benefit of our clients, and the communities that we serve.

Jacques Tamin



**Olivia Carlton**  
Registrar

This year started with the need to appoint a new Chief Executive following the resignation of Judith Secker in December 2004. I led this process and the selection panel comprised one of the Faculty's lay Board members, Peter Graham, our President-Elect, David Snashall, and myself. We had excellent candidates and were delighted to appoint Nicky Wilkins, who has a public health background and previous chief executive experience.

Wilf Howe, a former Fellow and elected Board member, died in 2003 and his wife Lyn has worked assiduously to raise funds for an ongoing memorial to be managed through the Faculty. The first memorial activity was the Wilf Howe Memorial Lecture, given at our 2005 Annual Meeting by Professor Jon Ayres on "Air quality, life quality", a wide-ranging and thought-provoking subject. In future years a Wilf Howe memorial prize will be awarded for examples of innovative practice in occupational health demonstrating measurable health benefits.

The Faculty also awards the Mobbs Travelling Fellowships, which were established during our Silver Jubilee Year through the generosity of Corporate Health and Sir Nigel Mobbs, who sadly died in October. In 2005 the Fellowships were awarded to Geraldine Martell and Jacques Tamin. At the Annual Scientific Meeting in May 2006, Dr Martell will be presenting the findings of her study trip to Hong Kong hospitals affected by the 2003 SARS outbreak.

The changes made to the procedure for applying for Faculty Fellowship in the previous year were consolidated this year by clarification of the criteria

for Fellowship. This work was led by the new Fellowship Committee Chairman, Bill Gunnyeon, with my support. The importance of Members and Fellows taking part in the Faculty's Continuing Professional Development (CPD) scheme is highlighted by the fact that the Fellowship Committee now cannot consider applications for award of Fellowship unless the candidate, the proposer and the seconder have all been issued with certificates of participation in the Faculty's CPD scheme for at least the most recent year.

The new governance arrangements for the Faculty, developed in previous years, were formally introduced in May 2005. The Registrar, having previously been an elected office, is now appointed by the Board. Having formerly been elected as Registrar until the Annual General Meeting in May 2005, I applied to continue in this office and was appointed to it by the Board in July. The Registrar now chairs the Executive Committee and this is my monthly challenge! The work of the Committee is described in other reports; suffice to say that Postgraduate Medical Education and Training Board (PMETB) has dominated the agenda.

Bill Gunnyeon's term as President was completed in May 2005 and David Snashall's term commenced. This transition was achieved smoothly. Bill's appointment as Chief Medical Adviser to the Department for Work and Pensions (DWP) has ensured that his influence in the practice of occupational medicine and occupational health is now felt at a Government strategic level. The Faculty is working closely with DWP alongside other medical Colleges and Faculties to contribute to the government agenda for people of working age.

A table showing changes in the total number of members over the last five years appears in the full web version of this report.

I would like to thank the Faculty staff who have worked very hard throughout a demanding year and particularly thank those with whom I work closely, namely Nicky Wilkins, Frances Quinn and Anna McNeil.

*Olivia Carlton*



**Kevin Holland-Elliott**  
Director of Communications

You will see from the reports of the President and other Officers that this has been a very busy year. The President, other Officers and Faculty members have put the Faculty message across to Government, professional committees and key opinion formers, including the Postgraduate Medical Education and Training Board, all year. The communications team (Cathy Amos, Dale Archer, Paul Grime, Mike McKinnon, Dipti Patel, Colin Payton, Robin Philipp and Rob Thornton) has also continued to progress the function. Consultation papers, conferences and the development of the Chief Executive's e-newsletter are more tangible examples, but other developments may not yet be apparent. The hard work that went into producing position papers and responses to many other consultation documents appears to have been influential. I take this opportunity to acknowledge and thank all those who contributed to these papers and consultations on behalf of the Faculty.

Two priorities agreed in 2005 were to develop working links with other key organisations and to develop the website. We managed to attract an unprecedented volume of web traffic in 2005 by improving the website and establishing web links with other related sites, including professional bodies such as the Institute of Electrical Engineers, which has over 150,000 members, many of whom might potentially have occupational health issues. Plans are advanced to establish similar links with the other Institutes of Engineering and other related sites. We have separated the members' area and the website generally has been under continual development within the available resource limits. I particularly thank Helen Chaloner and Nicky Wilkins for their efforts. We remain committed to developing the

site further in 2006, not only for the benefit of members, but to inform the public, employees and employers about occupational health issues.

To establish improved working links, on behalf of the faculty I met in February with other professionals within POOSH (Professional Organisations in Occupational Safety and Health). As a result of these improved links, we are regularly informed of developments elsewhere and I was invited to present at the launch of the Government's joint initiative between the Departments of Health and for Work and Pensions, at the Trades Union Congress headquarters in December 2005. In that speech I was able to refer to two key statements developed by the Board at its away day in October 2005.

"The Faculty is the authoritative body in occupational medicine in the UK".

and

"Every worker should have access to a competent occupational physician".

As the President states, there is great interest in occupational health but this has not been translated yet into posts within our profession. We have no inherent right to practise and need to ensure that our contribution to the health of the nation, and the workforce in particular, is recognised, understood and valued. Nobody else will do this for us. We should not underestimate the scale of the challenge or the need to provide a clear and cohesive message wherever possible if we are to achieve our charitable aims.

Kevin Holland-Elliott



Nicky Wilkins  
Chief Executive

2005 has been my first year with the Faculty of Occupational Medicine. It has been a year of enormous change and development. It has been a year in which the Government made health and work one of its top policy priorities, with the ongoing implementation of the *Work and Health* section of the White Paper, *Choosing Health*, and the publication of the Government strategy document *Health, Work and Wellbeing*. The Faculty has a key role to play here and the President, David Snashall, has been liaising with Ministers on both these strategies.

The entire programme of postgraduate medical education and training is being overhauled as a result of the establishment of the Postgraduate Medical Education and Training Board (PMETB) and, since this is our main area of responsibility, these changes have far reaching implications for the Faculty. We have a number of appointed Officers who lead on education and training. They take on these responsibilities in addition to their day jobs and both they, and our small staff team, have found their time very fully taken up by the need to develop all the new systems whilst also keeping the current training programme running smoothly.

Within the Faculty itself, too, there have been significant innovations. The Annual General Meeting in May 2005 approved constitutional changes which separated the charity's governance and management functions. There have been a number of working groups and some new honorary appointments established – in addition to the installation of a new President and a new Chief Executive.

Head of Education and Training, Louise Heyes, went on maternity leave in the summer and has happily become the mother of Emilie. Jean Whaley stepped in to cover the job and I am grateful to her and her colleagues, Jane Davies and Charlotte Pedersen, for not only keeping the show on the road but also absorbing and progressing the many innovations. We were fortunate to appoint Anna McNeil to cover Jean Whaley's post as PA and Office Manager, and Graham Whittal, who took on the newly created post of Finance and Membership Administrator. Helen Chaloner ceased her work on the finance side but we are pleased that she retains her role as webmaster. Frances Quinn, with her invaluable knowledge and experience of the Faculty, has continued in her vital role co-ordinating many of the Faculty's key functions, including finance, membership and the Board.

Having come from a public health background to the Faculty, I hope I have been able to import some useful relevant experience, but I have also enjoyed learning about what is for me a new field of occupational health and medicine. It is not difficult to become engaged with the imperatives of protecting workers' health, and with the complex and fascinating interrelation between work and health. I have been grateful to the staff for assisting greatly with my induction, and to my predecessor, Judith Secker, for leaving things in excellent order. I am very appreciative of the support of the Board and Executive Committee, and of many Faculty members, during my early months. My initiation has also benefited hugely from collaborative work with the other medical Colleges and Faculties, and with our sister organisation, the Society of Occupational Medicine.

Occupational medicine clearly has a central role to play in the lives of the working population, over the next few years, and I am delighted to be able to support the Faculty's contribution to that. I look forward to an energetic and innovative 2006.

Nicky Wilkins  
Overview



Paul Litchfield  
Treasurer

Overview

2005 has been a year characterised by change for the Faculty. Medical postgraduate training is experiencing a fundamental shake-up. The public interest in medical standards remains undiminished and the Government has indicated that the health of the working age population is a priority. Internally there have been changes

to the Faculty's governance structure, a change of President, the introduction of lay Board members and several personnel changes (notably the appointment of a new Chief Executive) – all have brought new thinking to the way we manage our business.

Change is an opportunity but it can also be disruptive. The transfer of responsibilities to the Postgraduate Medical Education and Training Board has significant financial implications. The Faculty has been particularly robust in challenging those proposals which we perceive to be unfair and continuing vigilance will be required. The changing requirements of occupational health are requiring us to develop new systems for examination and training; this is resource intensive and a different partnership approach is required. During the year the HAVS (Hand Arm Vibration Syndrome) training module has been launched and has been a valuable learning experience for doing business in this new way. The Board has recognised that in order to thrive we must develop a more powerful financial engine. A working group chaired by the Treasurer was therefore set up to conduct a fundamental business review. Findings were debated fully at the October strategic review and a business plan for the next three years has been constructed.

The information in this document is provided to give an indication of the activities for 2005. The figures have been extracted from the full annual accounts for the year which have been audited and give an unqualified opinion. The full annual accounts, Trustees' report and auditors' report form part of the complete version of the Faculty of Occupational Medicine's Annual Report and Accounts for 2005 which is available at [www.facocmed.ac.uk](http://www.facocmed.ac.uk). This includes full versions of these summarised reports and reports from the representatives of Scotland, Wales, Northern Ireland and of the Specialist Registrars. Full lists of the Trustees and of all the committees are to be found there, as are the lists of Faculty representatives on other bodies, together with their reports. The web version also includes comprehensive information on the Awards of Fellowship, Membership, Associateship, the Diplomas in Occupational Medicine and Aviation Medicine, and the prize winners for 2005.

**2005 Accounts**

The audited accounts for the year are shown in Annex 7 of the full Annual Report on the website. The pie charts published here represent a summary of the Faculty's income and expenditure in 2005. The main source of income remains subscriptions; membership levels remain essentially static. Examination income has stabilised in 2005 but the long-term trend remains downwards. During the year there was only one conference and no new priced publications, contributing to the decline in sales revenue. An increased training grant from the Department of Health and grants from the Department for Work and Pensions for *The Health and Work Handbook* and *Fitness for Work* helped to boost income. Expenditure was held firmly in check throughout the year. Staff costs remain the largest single item of expenditure but were slightly lower than 2004. Overall there was a surplus in general funds, which best reflects the day to day running of the Faculty, of £47,154 (7.7% of total income).

Grants, donations and gifts in kind remain an important source of income. The Sponsorship Co-ordinator, Chris Sharp, has continued to work tirelessly throughout the year and the fruits of his labours are evident in the accounts. Our investments, which have been designated to help meet our accommodation needs in the next decade, have again performed well in a buoyant equities market. Dividends have added over £9,000 to the fund while capital growth has produced a further (unrealised) gain of over £50,000. The fund now stands at £342,889 from an original allocation of £250,000.

**2006 Budget**

The Board has again agreed a budget geared to producing a modest surplus (4.2%) in part to provide contingency for unanticipated costs but also to help accumulate a free reserve equivalent to six months' expenditure over the next five years. Accordingly fees and subscriptions have been increased by a rounded 4.5% and new sources of income are constantly being explored. Planned expenditure has been held to the minimum consistent with promoting the activities described elsewhere in this annual report.

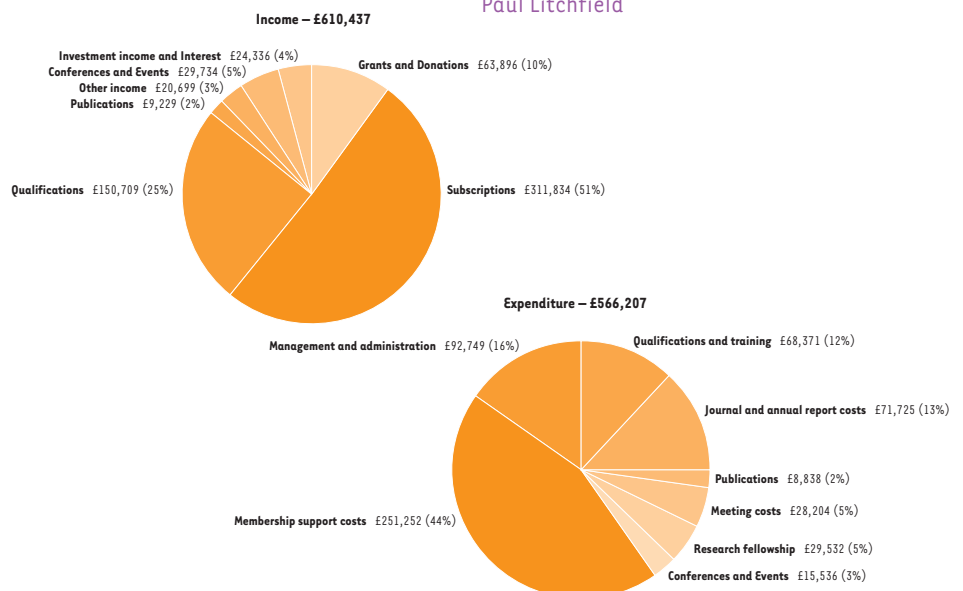
**Corporate Governance**

The various risks to the Faculty were again considered formally by the Trustees in accordance with the requirements of the Statement of Recommended Practice 'Accounting and Reporting by Charities' (SORP 2000) and the major risks and the provisions in place to mitigate them are shown in the full Annual Report on the website.

**Epilogue**

This will be my last report as Treasurer after nine years in office. I hope that in that time I have succeeded in some small way in building on the excellent work of my predecessors, Bill Dixon and Bob Jones, and that the Faculty is in reasonable financial shape. There are many significant challenges ahead for the Faculty but I am confident that among our membership we have the people with the skills to address them and to ensure that our professional body prospers. I am grateful to very many people for their help and support over the past nine years but Frances Quinn has been an exceptional source of advice and assistance – to her I would like to convey publicly my very special thanks.

Paul Litchfield



### **Our Mission**

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

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



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

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

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6 St Andrews Place, Regent's Park, London NW1 4LB  
Telephone: 020 7317 5890 Fax: 020 7317 5899  
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