



Faculty of  
Occupational  
Medicine

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**Summary  
annual report  
2006**

### **Our Mission**

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

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

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### **The charitable objects of the Faculty of Occupational Medicine**

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

## Introduction

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

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

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

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

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

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

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

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

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



Dr David Snashall  
President



Nicky Wilkins  
Chief Executive

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

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

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



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

## External work

### Contributing to the Government's Health and Work Agenda

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

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

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

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

### Developing occupational health awareness in general practice and secondary care

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

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

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

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

## Work with other bodies

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

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

### Objectives for 2006:

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

### Impact:

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

### Objectives for 2007:

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

## Policy, publications and events

### Position papers

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

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

### Publications

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

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

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

### Conferences

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

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

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

### Consultations

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

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

### Objectives for 2006:

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

### Impact:

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

### Objectives for 2007:

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



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

## Education and training

### New curriculum

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

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

### New Assessment Framework

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

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

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

### Implementation

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

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



### Specialist training programme

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

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

Recruitment into training underwent a major change at the end of 2006. Modernising Medical Careers established a new national system, the Medical Training Appointment Service (MTAS), which was set up to recruit all trainees through one central process. The Faculty was concerned that this might result in fewer training posts in the private sector, which, together with the defence services, constitute two thirds of Faculty posts, and so arranged for occupational medicine posts outwith the NHS to be recruited directly, rather than through the MTAS system.

### Article 14

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

### Hand Arm Vibration Syndrome Qualification

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

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

### Objectives for 2006

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

### Impact

- The first nine aims have all been accomplished
- Good progress has been made on workplace-based assessments, in readiness for implementation in 2007
- The handbook update has awaited the publication of the 'Gold Guide' from Modernising Medical Careers

The final four aims have not yet been progressed

### Objectives for 2007

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

## Professional development

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

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

### GMC and Revalidation

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

### Professional Development Plan (PDP) input into future courses

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

### Objectives for 2006:

- Increase participation in CPD

### Impact:

- CPD participation increased by 13%.

### Objectives for 2007:

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

## Membership

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

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

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

2006 was the first year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf Howe, who died in 2003. The first Wilf Howe Memorial Prize, for innovative practice, was awarded to Dr Jayne Moore for work on identifying and addressing occupation-related skin problems in a chemical industrial site. Our thanks are due to Mrs Lyn Howe for her committed work in raising funds for this.

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

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

### Objectives for 2006:

- Improve member recruitment and retention
- Improve services to members

### Impact:

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

### Objectives for 2007:

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





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

**Finance review**

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

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

This summary contains the trustees’ report, together with financial information 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 appear in the Trustees’ annual report and accounts 2006, which is available only on the web, at [www.facocmed.ac.uk](http://www.facocmed.ac.uk). The web report includes the following additional information, which does not itself form part of the Trustees’ report: full lists of Faculty Committees; reports from constituency elected Trustees and representatives on other bodies; comprehensive information on the Awards of Fellowship, Membership, Associateship, the Diplomas in Occupational Medicine, Aviation Medicine and Disability Assessment Medicine; and the prize winners for 2006.

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

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

**Reserves policy**

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

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



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

### Investment policy

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

In the meantime the Trustees are cautiously confident that the strategic aims of the Faculty are being matched by appropriate levels of funding. The Trustees are grateful to the outgoing Treasurer, Paul Litchfield, for his prudent approach over the last nine years and welcome his successor, Simon Sheard, who took over in May 2006. Finally, the Trustees wish to thank the staff,

Nicky Wilkins, Frances Quinn and Graham Whittall, in the Faculty office, for their unremitting efforts throughout the year, together with the sponsors and supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

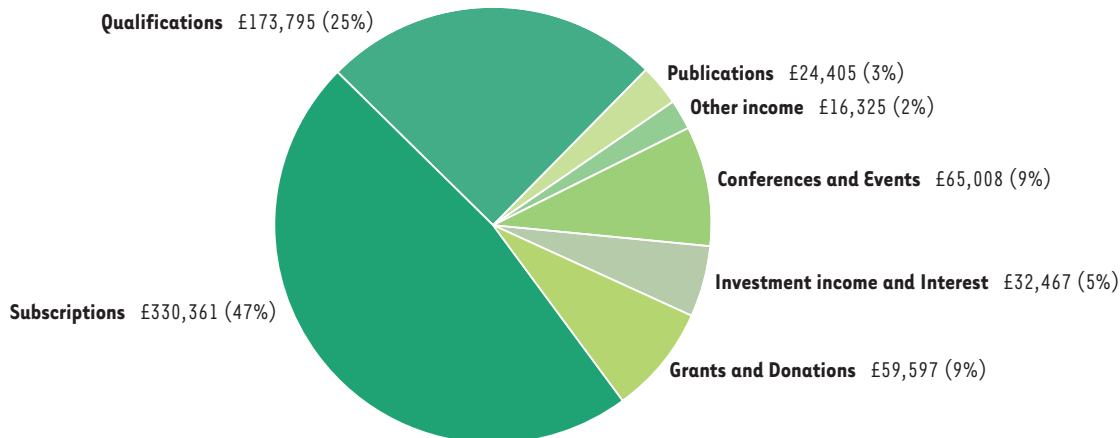
### Sponsorship

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

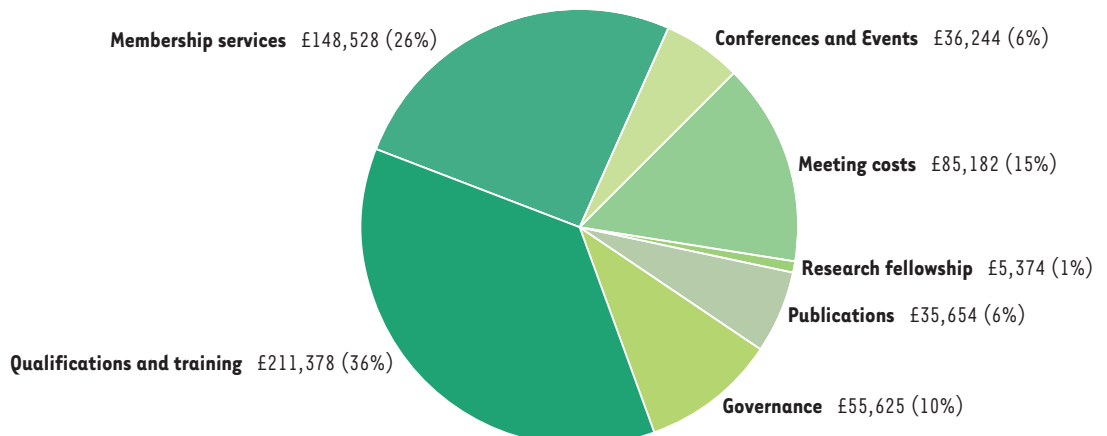
Adastral Health  
 Capita Health Solutions (funding promised for an event in 2007)  
 Corus  
 Grosvenor Health  
 Rolls-Royce (for work now deferred to 2007 and beyond)  
 UNUM Provident  
 WorkFit UK

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

### Income – £701,958



### Expenditure – £577,985







Published by the Faculty of Occupational Medicine  
of the Royal College of Physicians

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