

Summary Annual Report

2007



fom
Faculty of Occupational Medicine
of the Royal College of Physicians

Mission Statement


Our mission

Our aim is for healthy working lives through:

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

The charitable objects of the Faculty of Occupational Medicine

The 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
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Introduction from the President



This has been a year of significant developments for the Faculty.

One huge central change has been the development and introduction of the new curriculum and assessment framework for specialist training in occupational medicine. We embarked on this task some five years ago, with a review of competencies, the content of the curriculum and the way in which

competence should be assessed. I cannot stress enough how much we are indebted to the many members who contributed to this large and complex piece of work, led initially by Professor John Harrison, in his period as Academic Dean, and latterly by Professor Keith Palmer, who became Academic Dean in 2007.

The curriculum went live in August 2007 and our current task is to ensure smooth implementation. We are working on the new examinations and have already provided one round of training on the new workplace-based assessments.

Another milestone which marked 2007 was the publication of the fourth edition of the Faculty's seminal publication, *Fitness for Work*. In 29 chapters and seven appendices, this book covers all the major topics of occupational health, including rehabilitation, ethics, mental health, ill-health retirement, disability and screening. My thanks go to the many contributors and especially to the three co-editors, as well as to the Department for Work and Pensions (DWP), for its support of this publication. Since work is an integral part of most patients' lives, we think this book should be on the shelf of every doctor!

The need for all doctors to have some understanding of the inter-relationship between work and health has constituted the thrust of our work with DWP this year. We have been discussing with DWP ways in which we might introduce a greater awareness of health and work issues into other specialties, especially general practice. As is outlined in this report, there has been some good progress on this and we have plans in place for further work.

Another significant achievement of 2007 has been the establishment of the Occupational Health Clinical Effectiveness Unit. Established in conjunction with the Royal College of Physicians, this unit is commissioned and funded by NHS Plus. We see this as an encouraging step towards creating a much needed evidence base to underpin occupational health practice.

As I come up to my final few months as President, I must thank all those members and friends of the Faculty who have worked so tirelessly to make all this considerable body of work happen. I am aware that our members have day jobs and yet find time to give generously of their expertise to the Faculty. I am equally aware that employers are increasingly reluctant to have occupational physicians spend time on professional matters of this sort and I have made representations accordingly. We could not run our specialist training and our other educational work without members' and others' input, and I would like, on behalf of the Faculty, to record my thanks. I must also thank our small staff team in the office for all their support and

my fellow members of the Board and Executive Committee who put in many hours of their time to ensure that the Faculty is able to run smoothly and meet the many demands of these changing times.

Just as Dame Carol Black, the National Director for Health and Work, is publishing her review of the health of the working age population (to which the Faculty and the Society of Occupational Medicine provided major input), I shall be handing over the Presidency of the Faculty to Professor David Coggon in May 2008, which year will also mark our 30th anniversary. There are huge opportunities for occupational physicians in the wake of this review. As I stand down, I thank the Faculty membership for their support over the last three years and wish David well as he takes up the reins. Three years as President is long enough to move things on, to enjoy the challenges and meet new colleagues and short enough to allow sensible succession – and avoid burnout!

David Snashall
President

MESSAGE FROM THE PRESIDENT-ELECT



As President-Elect, I should first thank David Snashall for the calm and authoritative leadership that he has given to the Faculty over the past three years. We have had to respond to major changes during his term, particularly in relation to specialist training, but he has kept us on a steady course throughout.

Looking to the future, I see great opportunities to develop our role further. There are major decisions to be made about how occupational health care should be delivered nationally and, working with the Society of Occupational Medicine, we should be leading the debate. As part of this, I think the time is right to explore the development of standards and a system of voluntary accreditation for occupational health providers, again working with other stakeholders. The growing number of new medical graduates offers us a chance to increase recruitment of talented trainees, and we need to ensure that final-year medical students are aware of the varied and rewarding careers that are available in our specialty. And we should capitalise on the new revisions to the regulations for Membership of the Faculty to promote training opportunities for occupational physicians in countries that do not have a standard-setting body of their own. At the same time, we should work with other Colleges and Faculties to ensure that emerging arrangements for revalidation and recertification of doctors in the UK are beneficial for the public, fair for doctors, and cost-effective.

Most important, occupational physicians should be clear about and proud of the contribution that they make to society, both through their individual practice and through the work of the Faculty and Society.

David Coggon
President-Elect

External Work

Contributing to the Government's Health and Work Agenda

The President of the Faculty has continued his work as a member of the Government's Health and Work Advisory Group, the Department of Health's Emergency Preparedness Clinical Leadership Advisory Group, the Council of the Royal College of Physicians of London, the Academy of Medical Royal Colleges of the UK, the NHS Lifecheck Board, the Scottish Intercollegiate Guidelines Network, the Core Technical Advice Group of the Health of Health Professionals' initiative and the Alcohol Health Alliance and as Chair of the Health and Safety Executive's Research Ethics Committee.

During the year he has met with, amongst others, the Chief Executive and the Chief Scientist of the Health and Safety Executive, the new Chairman of the Health and Safety Commission, the Irish Faculty of Occupational Medicine, Sir John Tooke (to give evidence about the impact of Modernising Medical Careers (MMC) and the Medical Training Application Service (MTAS) on occupational medicine), visiting occupational physicians from New Zealand and the Middle East, NHS Plus, the Surgeon-General of the Ministry of Defence, the Society of Occupational Medicine, the National Institute for Clinical Excellence, the Occupational Health Clinical Effectiveness Unit and Ms Clare Chapman, Director-General of Workforce for the NHS. He has also met with the Secretaries of State for Health and for Work and Pensions, Alan Johnson and Peter Hain, and Lord McKenzie, Minister responsible for Health and Safety, as well as Lord Darzi and Ms Dawn Primarolo, Ministers for Health. He represented the Faculty in compiling the Consensus Statement on Health and Work by Health Professionals recently launched by Dame Carol Black. Internationally he has done work in Spain (with the European Agency for Safety and Health at Work in Bilbao), in Namibia for the Chamber of Mines and in Singapore for the Ministries of Health and Manpower.

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 a further 332 partly qualified. Given a UK working population of over 30 million, it is unrealistic for all working adults to have immediate access to an occupational physician. Recognising this, the Faculty has devoted energy not only to encouraging new recruits into the specialty, but also to embedding occupational health awareness into employers, general practice and other specialties, with a view to creating a wider base of knowledge and expertise.

The Faculty has worked with the Royal College of General Practitioners (RCGP) on a Department for Work and Pensions (DWP) funded project to develop half day basic awareness-raising sessions on occupational health for general practitioners (GPs); this has been successfully piloted.

A number of other projects have been under discussion with DWP and it is hoped that these will come to fruition in 2008. This has comprised projects to:

- develop training modules for GPs at a higher level than basic awareness
- plan, with RCGP, the creation of a cohort of GPs with particular

expertise in occupational health

- consider, with the Academy of Medical Royal Colleges, the potential for embedding occupational health competencies into a wide range of other specialties.

The Faculty has also progressed work to raise awareness of occupational health with medical undergraduates, in partnership with DWP. There is now a bank of training materials for medical schools available on the Faculty website and there are plans, for 2008, to develop a band of champions, who will encourage and support occupational health teaching to medical undergraduates.

Work with other bodies

The Faculty has also worked with a range of other organisations including the Society of Occupational Medicine, the British Medical Association, the Faculty of Public Health and the constituent members of POOSH (Professional Organisations for Occupational Safety and Health), the administration of which the Faculty took over in 2007, jointly with the Society of Occupational Medicine. The Faculty has representatives on many other bodies. A full list of representatives can be found in 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). These bodies include the Academy of Medical Royal Colleges, the European Union of Medical Specialists Section of Occupational Medicine and the National Patient Safety Agency.

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
- Produce a bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing educational and good practice work with colleagues overseas

Impact:

- The work with Government operated on a number of fronts, as set out above
- One project for GPs has been progressed through to pilot stage, with another in the planning stage
- The bank of training material has been created and this project is now further developing, with plans for champions to cascade the message
- Overtures have been made to occupational health nursing with a view to shared practice and training

Policy, Publications and Events

Position papers

Over the last five years there has been growing concern about the health and wellbeing of migrant workers in the UK, with awareness being raised by high profile incidents such as the deaths of 21 cockle-pickers in Morecambe Bay in 2004. The Faculty has established a working group to consider the health of migrant workers, with a view to publishing a position paper, with recommendations for improvements to policy and practice. The draft paper which has been produced is to be sent to other relevant bodies for comment and endorsement, and then published in 2008.

Publications

Since its first edition, published in 1988, the Faculty's seminal publication, *Fitness for Work*, has grown to become the UK's 'bible' of occupational health. In 2007, the Faculty published the fourth edition; this new edition reflects significant developments in legislation and new guidelines, and changes in the information requirements of those working in the field. *Fitness for Work* was launched at conferences, in London in February, and in Edinburgh, jointly with the Scottish group of the Society of Occupational Medicine, in September.

In the autumn of 2007 the Faculty published a new careers leaflet for occupational medicine, for the BMJ medical careers fair, where the Faculty had a stand. Members helped to staff the stand and answered hundreds of enquiries over the two days.

Conferences

The Faculty's Annual Scientific Meeting in May was opened by an address from Geoffrey Podger, Chief Executive of the Health and Safety Executive, and the programme included sessions on chronic fatigue syndrome, work-related stress and the new Occupational Health Clinical Effectiveness Unit.

The Faculty's London conference in February was opened by the Chief Medical Adviser to the Department for Work and Pensions, Dr Bill Gunnyeon, with the programme including the Disability Discrimination Act, motherhood and work, and mental health problems at work. The Edinburgh conference in September encompassed diabetes, rehabilitation and sleep disorders.

Occupational Health Clinical Effectiveness Unit

In April, the new Occupational Health Clinical Effectiveness Unit came into existence. This was an exciting development for occupational health, where there has been a lack of evidence to support many of the day-to-day activities of health care professionals. Established by the Royal College of Physicians, in partnership with the Faculty, and commissioned and funded by NHS Plus, this unit plans initially to produce evidence-based guidelines on upper limb disorder and dermatitis and to conduct audits on the management of lower back pain and depression.

Consultations

One of the major occupational health consultations of 2007 was the 'Call for Evidence' from Dame Carol Black, National Director for Health

and Work. Dame Carol had been commissioned by the Secretaries of State for Health and for Work and Pensions to undertake the first ever review of the health of Britain's working age population. The Faculty submitted a substantial response with a series of recommendations on occupational health services.

This response was submitted in conjunction with the Society of Occupational Medicine, as was the response to the consultative document on the potential merger of the Health and Safety Commission and the Health and Safety Executive. The thrust of the response was to support in principle this merger.

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 Medical 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)

Impact:

- The first five aims were achieved, as set out above
- The updated guidance on the management of back pain was not pursued because of similar work already being undertaken elsewhere
- *Good Occupational Medical Practice* has been written but not published. Publication has been delayed until the General Medical Council has published its revised generic, *Good Medical Practice*. In the meantime the draft version is to be posted on the members' section of the website for comment
- It has been agreed that the quality and audit document should be a priority for the planned Clinical Governance Subcommittee, which will be established when resources allow
- Responses have been made to consultation documents, as set out above. In addition, the Faculty has been represented at NICE stakeholder groups

Education and Training

2007 was dominated by negotiations with the Postgraduate Medical Education and Training Board (PMETB) on the new curriculum and assessment frameworks, and with their implementation and the numerous changes to specialist training necessitated by outside forces and the Faculty's own plans. 2007 was also the year in which the *Gold Guide* (the over-riding framework for specialty training) went live, and that in which the Medical Training Application Service (MTAS) went disastrously wrong. The Faculty's progress against this backdrop has been constrained by events outwith its control. Nonetheless, a huge amount has been achieved in a little time.

The Faculty's strategy

The new **curriculum** for higher specialist training, which lays out the core competencies of the specialist under the headings of *Good Medical Practice*, is rooted in a well-established training paradigm. The main advance is one of added focus on professional values, attitudes and behaviours, including evidence-based practice – soft but essential competencies for specialists in modern occupational medical practice.

These important curricular changes will be underpinned by **revised assessment methods**. The Faculty is replacing one centrally administered examination (AFOM - Associateship of the Faculty of Occupational Medicine) with two (Part 1 and Part 2 Membership), revising its arrangements to assess the research dissertation, and introducing new on-the-job workplace-based assessments. The changes require new Membership Regulations. Some key principles are highlighted below.

Part 1 MFOM (Membership of the Faculty of Occupational Medicine) examination – This is being introduced as an initial check on the fitness of trainees to progress to the second year of their training. The aim is to identify at an early stage, the few trainees who struggle to acquire new knowledge, and to equip others with foundation information.

Part 2 MFOM examination – This will be based in terms of learning content and syllabus on the existing AFOM examination, and will assess a similar range of factual information and competencies. However, the assessment methods are being refined to improve the reliability and relevance of the examination. MCQ (Multiple Choice Question) papers, for example, will replace vivas, and so-called OSPEs (Objective Structured Practical Examinations) will provide a more occupationally relevant test of practice.

Workplace-based assessments – Traditionally, the assessment of trainees has emphasised written examinations – tests of what an individual knows, rather than what they do. Historically supervisors have signed up trainees as being 'competent' by informal means, with ad hoc arrangements for gaining appropriate experience and on-the-job training. Workplace-based assessments (WBAs) are on-the-job assessments of day-to-day performance which mirror the practices of good trainers – sitting in on trainee consultations, discussing problem cases, checking over a sample of correspondence, and helping them to plan a set of learning objectives. Whilst the old curriculum encouraged these activities, the new system makes them a formal requirement and provides a structure for their conduct, recording and use, including regular

feedback to trainees from senior colleagues. Because they are on-the-job, WBAs will be conducted locally, usually by supervisors, and the Faculty's strategy is to equip supervisors with the tools they need. External assessors in WBAs, newly appointed by the Faculty, will assist with refinement of the tools and will provide quality assurance checks on them. The strategy recognises that WBAs are developmental tools and will take time to bed in.

Research competencies – The curriculum continues to identify competencies in research methods as an ingredient of specialist training, and the requirement to submit evidence of this in the form of a dissertation, published research, or the thesis of a university will be retained. The scope of admissible submissions is being broadened to encompass substantial works of audit. Procedures are being streamlined and the Faculty is in dialogue with colleagues in academia about improving support to stakeholders.

Educational supervision – Two significant changes to supervision have been required as a result of external pressures, curricular change, and the Faculty's vision of future needs – the introduction of WBAs as training aids, and the obligation for trainers themselves to be trained (a view endorsed by the General Medical Council). Although quality assurance of training is a deanery responsibility, the Faculty is assisting through web advice to supervisors on cost-effective "training the trainer" resources. Consideration was given to splitting the roles of educational and clinical supervisor – as in some other specialties – with the addition of an extra tier of supervisors above trainers. The Faculty recognised theoretical advantages in this arrangement, but concerns over a shortage of manpower led to a reappraisal of policy in 2007, the preference now being to develop enhanced support for the existing complement of trainers.

Recruitment – When MMC (Modernising Medical Careers) established a national system, MTAS, to recruit all trainees through one central process, the Faculty arranged for the two-thirds of occupational medicine posts outwith the NHS to be recruited directly. In hindsight this decision spared trainees most of the heartache experienced by applicants to other disciplines. However, the Faculty remains concerned going forwards about recruitment to NHS training posts. A pressure on vacancies in occupational medicine will arise in deaneries that are committed to offering trainees run-through training. The Faculty is working with the lead dean for occupational medicine to optimise arrangements for applicants and as far as possible to encourage an open equitable process.

Implementation

The following key milestones were achieved during 2007:

- In the first part of 2007, proposals for the new curriculum and assessment framework were submitted to PMETB and representations made to their evaluation panels.
- In July, the new curriculum was officially approved and went live in August. Options for flexible entry to training were secured in late negotiations, as well as an agreement to fairly recognise experience in educational posts predating PMETB's establishment.
- In August, revised model person specifications and Article 14 guidelines were prepared, to match approved changes to the curriculum.
- In September, the new assessment framework and "blueprint"

were approved by PMETB.

- A communication strategy was launched in the autumn, alerting stakeholders to emerging details of implementation. Several question and answer sheets were advertised and posted in a web repository.
- In December, the guidelines and process paperwork for WBAs became publicly available, following piloting earlier in the year and considerable developmental work. A stakeholders' familiarisation workshop was staged in London, with another fixed for Manchester in January 2008.
- Also in December, the Faculty advertised for External Assessors in WBAs (these new positions will be piloted in several deaneries in 2008).
- A new framework for the dissertation was agreed in December. Consultation with academic stakeholders is underway.
- Essential details regarding transitional provisions and the relation of old to new style examinations were clarified in the autumn, laying the ground for the new examinations, advice to academic centres and candidates, and a revision of the MFOM regulations.
- In the second half of the year, the 150-page Specialty Training Handbook and the trainee's logbook were redrafted.

Going forwards into 2008, new MFOM regulations will be finalised and implemented. May will see the first sitting of the Part 1 MFOM, which will be based on the MCQ element of the existing Diploma in Occupational Medicine, with identical rules, a common question set and a common sitting for specialty trainees and non-specialists alike. Planning is underway for the Part 2 MFOM examination, the first diet of which will be offered in June 2010, and this work will occupy the AFOM Examination Advisory Group for the next few years.

2007 and 2008 are 'big bang' years for the implementation of changes that will affect the delivery of specialist training over the next decade. The Faculty remains heavily indebted to the many members listed in Annex 2 of the web-based version of this report who have assisted with this work, and also to the Education and Training staff, without whom such progress would be impossible. Much work still remains to be done, and members able and willing to volunteer to assist in the effort will be most welcome.

Article 14

Doctors who have not undertaken the traditional training route to specialist registration can apply for specialist registration by means of Article 14 of the General and Specialist Medical Practice (Education, Training and Qualifications) Order 2003. This is also referred to as the Certificate of Eligibility of Specialist Registration (CESR). Doctors submit their applications to PMETB, which sends them to the relevant College or Faculty for evaluation.

The Faculty has therefore set up a panel of occupational physicians to evaluate these applications. In each of 2006 and 2007 the Faculty received only one application. However it is known that there will be more applications in 2008 and so more evaluators are being sought.

Hand Arm Vibration Syndrome (HAVS) Qualification

In 2005 the Faculty published a curriculum for a short course on Hand Arm Vibration Syndrome, leading to a qualification. The intention was that this should be different from other Faculty qualifications in that it

would be open to other health care professionals and the examination would be set and marked by the course centres.

It was considered that this might be the first in a possible series of short-course qualifications and so it was regarded as important that the model was fit for purpose. The Faculty set up a review group with the course centres which offer this course and it has now been agreed that there will be a number of changes including the establishment of a centralised, standardised method of setting examinations. Work on this continues and it is anticipated that this should come to fruition in 2008.

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' Specialty Training 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

Impact:

- All objectives have been met, with three provisos: the fully drafted Training Handbook will be distributed electronically in the coming year; the fourth objective has been restated as "to support the training of educational supervisors"; and useful progress has been made on this; and the new HAVS model is expected to go live in 2008

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

Professional Development

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

- In 2006, there were 435 CPD returns. There were 416 returns in 2005. This represents an increase of 4.5 % in participation by specialists, compared with the objective of increasing this participation rate by 15% for this year.
- There has been a steady increase over recent years in CPD participation, the number of returns being 257 in 2001, 292 in 2002, 340 in 2003 and 368 in 2004.
- However, this still means that we had only 74% participation in 2006 (71% in 2005), which is disappointing, as we would expect all our specialists to participate in our CPD scheme.

CPD and Revalidation

- It is clear that members will need to have evidence of adequate CPD as part of the revalidation process. The Faculty's certificate of participation, along with the regular audit undertaken, will no doubt provide the most robust evidence for adequate CPD.
- Whenever revalidation folders start to be assessed, it is expected that assessors will want to see evidence of adequate CPD for the previous five years. Therefore, to all intents and purposes, participation in the CPD scheme has been compulsory for this reason for some time.

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 Form 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine and Royal Society of Medicine Occupational Medicine Section

Impact:

- CPD scheme participation increased by 4.5%
- This message about participation has been given on several occasions in e-newsletters and also reinforced by the President
- The use of the CPD form is ongoing through the Faculty's representation on the Society of Occupational Medicine's Educational Panel.

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 specialists, 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 with the Department for Work and Pensions to encourage the teaching of occupational health in medical schools. In 2007, we exhibited at a Health and Wellbeing at Work exhibition at the National Exhibition Centre, Birmingham, in February and at the London BMJ Careers Fair in October; members also exhibited at local venues.

With regard to the Faculty's membership criteria, many members have argued that it is inappropriate that doctors who trained outside the UK, and yet who are registered as occupational medicine specialists in the UK with the General Medical Council, are only able to affiliate to the Faculty, under current Standing Orders. This has been given careful consideration and the Board has decided to recommend to the membership that Membership *ad eundem* should be offered to such occupational physicians. The application process has yet to be determined but a proposal on the principle of admitting these doctors as members is to be put to the Annual General Meeting in May 2008.

2007 was the second year of a new Faculty prize, which was established to commemorate an esteemed colleague, Dr Wilf Howe, who died in 2003. The second Wilf Howe Memorial Prize for innovative practice was awarded to Colonel Jeremy Owen for his work on the assessment and validation of acclimatisation to a hot-dry climate in British Armed Forces personnel. Our thanks are due to Mrs Lyn Howe for her committed support of this prize.

The Mobbs Travelling Fellowship, which was created in 2003, has now been established in perpetuity, through the generosity of Corporate Health. In 2007, the winners were Dr Steve Iley, who travelled to Australia to review the provision of occupational medicine and, in particular, rehabilitation case management for the workers' compensation system in Australia, and Dr Reza Naghavi, who presented a paper to the 7th International ICOH Conference on Occupational Health for Health Care Workers in Vancouver in October, on occupational exposure to bloodborne viruses in four teaching hospitals in the UK.

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

Impact:

- The first three aims were fully realised
- Most affiliating Diplomates are GPs. The Faculty has embarked on a number of initiatives to improve training for GPs (see External Work). This will be related in due course to the Faculty's membership services for affiliating Diplomates, and for GPs in particular. This is a significant body of work however which is still in its early stages; it is anticipated that further progress on this will be reported in the next year's report

Finance Review

The format for the 2007 report is, as last year, determined by and compliant 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 and to incorporate impact reporting, which is a new way of reporting for the voluntary sector.

The significant changes in postgraduate medical education detailed elsewhere in this report have continued to have a significant impact in terms of time and effort for Faculty staff, Officers and members, with attendant greater costs. However the Trustees are pleased to report an overall healthy position for the financial year 2007. The Faculty's income has increased by £33,000 to £735,000 whilst total net assets have increased by £102,000 to £885,000. The Faculty's charitable expenditure for 2007 was £575,000, which equates to 78% of the income, up 4% on 2006.

In 2006 a planned surplus of £44,000 realised an overall surplus of £72,000 on general funds. For 2007 the Trustees had agreed a balanced budget with a planned surplus of £11,000, which is very small in the context of a budget of around £700,000. In the event, the Trustees are pleased to report an overall surplus of £85,000 on general funds.

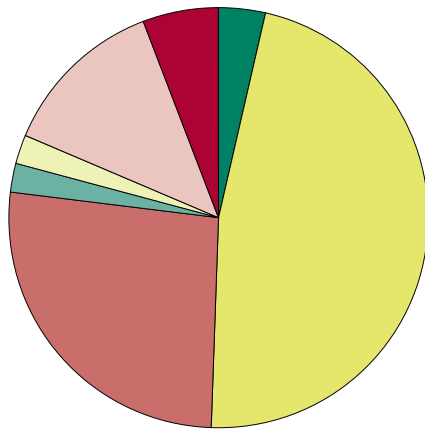
The surplus has been achieved despite there being no increase in training grants and, in 2007, less sponsorship. The surplus comes from a number of small but positive effects including above anticipated attendance at the London *Fitness for Work* Launch Conference and Annual Scientific Meeting, allied with excellent cost containment. Examination income has also exceeded anticipated income whilst costs have again been contained below budget

through the efforts of the Faculty staff and members. Our continued targeted approach to those whose subscription payments are late has been a success with another improvement in collection rates compared to previous years. In addition we have again challenged, with reasonable success, the various bodies whose subscriptions or fees we must meet, to demonstrate the need for any increase. Finally we have received a generous legacy from the estate of Dr P L Pelmeur.

Whilst this is a positive picture we remain very dependent on our "events" associated with sponsorship for a healthy budget balance. Activities in the next 12 months are anticipated to continue to be frenetic. We have applied for a grant from the Department of Health to support essential work but an answer is not expected until the outcome of Dame Carol Black's review is announced. In the meantime however we have decided to "invest" a proportion of the 2007 surplus into additional staffing support to begin the essential planning and co-ordination of this area of our 2008 activities.

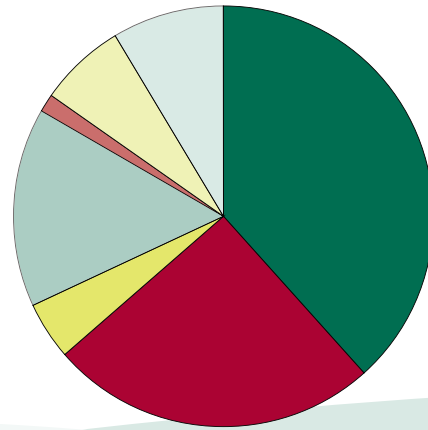
Reserves policy

The policy of the Trustees is to accumulate a free reserve equivalent to six months' expenditure. The free reserve will allow unexpected circumstances to be faced without the risk of financial ruin. At 31 December 2007, the Faculty's total reserves stood at £885,000, compared with £783,000 in 2006, the difference being due to both an increase in income, and capital growth on investments. Of the total reserves, £404,000 is in a designated fund set aside to fund new premises arrangements, when the present lease runs out in 2010; £10,000 from the 2006 BUPA Health at Work Award is in a designated fund; and £135,000 is in restricted funds.



Income - £735,345

- Grants and Donations
- Subscriptions
- Qualifications
- Publications
- Other income
- Conferences & Events
- Investment income & interest



Expenditure - £630,178

- Qualifications & training
- Members services
- Publications
- Meetings
- Research fellowship
- Conferences & Events
- Governance

The remainder, that is the Faculty's free reserves, therefore stood at £335,000 (compared with £250,000 in 2006). The Faculty has budgeted for expenditure (in general funds) in 2008 of £686,617 which means that its free reserves will constitute almost six months' running costs. The Faculty still therefore needs to continue to build on its free reserves to maintain the six months' expenditure as set out in the reserves policy.

However, in line with our work plans for 2008, the Board has agreed to deploy £30,000 of the 2007 surplus to support essential work for 2008. The outcome of a bid for additional funding is awaited. If this is successful, we would of course then anticipate a more significant surplus and so to continue to accumulate our planned 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 2007, the capital fund was valued at £404,000 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 is considering 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. Finally, the Trustees wish to thank the staff, Nicky Coates, Frances Quinn and Graham Whittal, in the Faculty office, for their unremitting efforts in managing the Faculty's finances throughout the year, together with the supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

Sponsorship

The Faculty has had a quieter period during the last year that has mostly concentrated on completing the work associated with the new training regimen. Consequently, external activity has been relatively constrained. This has generated a lesser requirement for sponsorship. However we continue to be very fortunate that organisations both in the public and private sectors have recognised the importance of the Faculty's work and have given generous funding support in 2007. The effort to secure funding continues and Chris Sharp, the Faculty's Sponsorship Co-ordinator, is always willing to talk to potential sponsors. The Board wishes to thank Chris Sharp for his work and also the organisations listed below, who have worked with the Faculty to provide this support in 2007:

BT
Capita Health Solutions
Department for Work and Pensions (for funds acknowledged in 2005 for publication of *Fitness for Work* in 2007)
Scottish Executive
Rood Lane Medical Group

Objectives for 2008

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
- Progress work on occupational health awareness for GPs and other specialties
- Develop the Faculty's vision of how occupational health services can best be delivered at primary care level
- Seek opportunities to promote the specialty to medical undergraduates
- Create 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 new bank of training materials in occupational health for medical undergraduates
- Seek opportunities for sharing educational and good practice work with colleagues overseas
- Seek to publish articles to promote occupational health awareness
- Seek opportunities for continued joint working with the Society of Occupational Medicine
- Improve links with the Confederation of British Industry, Trade Union Congress, Health and Safety Executive, Department of Health and Department for Work and Pensions.
- Liaise with chief medical officers of major companies to improve links between the specialty and industry
- Re-design website with improved information for the public, employers and employees, as well as members, subject to funding
- Seek to improve communications and increase press coverage
- Work with others to develop standards and a system of voluntary accreditation for occupational health providers

Education and training

- Effect a smooth implementation of the new curriculum
- Develop new Faculty specialist examinations and prepare for their administration
- Revise the arrangements for the dissertation
- Apprise, prepare and support Regional Specialty Advisers
- Develop and maintain excellent communication links with deanery specialist training committees
- Encourage subsidy for specialist training undertaken in non-NHS posts
- Maintain good communication links with PMETB, MMC and the Academy of Medical Royal Colleges' Specialty Training Committee
- Revise and distribute the specialty training handbook and prepare trainers for the new training arrangements
- Launch the new model of HAVS assessment and attendant changes
- Develop educational and competency frameworks in occupational health for GPs at various levels
- Rewrite the Membership regulations

Professional development and standards

- Increase participation in Continuing Professional Development (CPD)
- Encourage members to recognise that CPD participation is becoming a mandatory, not a voluntary, activity.
- Monitor developments in relation to recertification, for purposes of revalidation
- Use information from CPD Form 6 returns to offer more relevant CPD events, in conjunction with the Society of Occupational Medicine and Royal Society of Medicine Occupational Medicine Section
- Run an Annual Scientific Meeting and one other conference
- Produce new or updated guidance as appropriate
- Establish a Clinical Governance Subcommittee, as resources allow
- Consider the need for a Clinical Governance Committee
- Consider how best to secure the long term future of the Occupational Health Clinical Effectiveness Unit
- Respond to consultation documents, and contribute to associated work of other bodies such as the National Institute for Health and Clinical Excellence (NICE)

Membership

- Attend at least one medical careers fair
- Renew exhibition stands
- Review ways of improving services to affiliating Diplomates
- Consider feasibility of environmental medicine conference or other project
- Seek funding from new sources in order to be able to expand staffing to meet new demands
- Draw up premises plan for 2010 when lease terminates
- Make changes to Standing Orders and Governance Regulations to reflect agreed changes and to ensure consistency

Governance, resources and internal matters

- Create new corporate image
- Actively market publications and examinations
- Review staff roles and workloads

This document is a summary version of the Trustees' report, together with financial information extracted from the full annual accounts for the year, which have been audited and given an unqualified opinion. The full annual accounts, Trustees' report and auditors' report appear in the Trustees' annual report and accounts 2007, which is available only on the web, at 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 2007.



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