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Faculty of Occupational Medicine
of the Royal College of Physicians



2009

SUMMARY ANNUAL REPORT



Charitable Objects and Mission Statement

CHARITABLE OBJECTS OF THE FACULTY OF OCCUPATIONAL MEDICINE

The charitable objects of the Faculty are to:

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

MISSION STATEMENT OF THE FACULTY OF OCCUPATIONAL MEDICINE

Our aim is for healthy working lives through:

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

Introduction

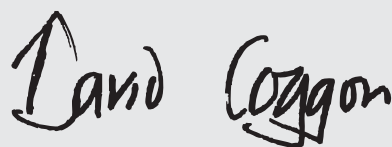
2009 has been another busy year for the Faculty. After consultation with our members, we agreed a strategic vision of how occupational health care can best be delivered nationally over the next five to ten years. Building on the momentum that has been generated by Dame Carol Black's review, *Working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

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

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

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

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



David Coggon
President

Promotion of Occupational Health and Occupational Medicine



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

COUNCIL FOR WORK AND HEALTH

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

TRAINING ON WORK AND HEALTH FOR GENERAL PRACTITIONERS

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

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

OCCUPATIONAL HEALTH CLINICAL EFFECTIVENESS UNIT (OHCEU)

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

HEALTH FOR HEALTH PRACTITIONERS

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

ENVIRONMENTAL MEDICINE

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

CONFIDENTIALITY AND CONSENT FOR MEDICAL REPORTS

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

PANDEMIC FLU

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

OBJECTIVES FOR 2009

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

IMPACT

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

Education and Training

ASSESSMENTS AND SPECIALIST TRAINING

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

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

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



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

TRAINEE RECRUITMENT

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

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

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

APPEALS PROCEDURES

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

MFOM OUTWITH UK SPECIALIST TRAINING

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



EXTERNAL RELATIONS

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

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

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



TRAINING IN PRIMARY CARE

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

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

ACADEMIC FORUM OF OCCUPATIONAL MEDICINE AND HEALTH

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

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

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



OBJECTIVES FOR 2009

- Effect a smooth implementation of the new curriculum
- Develop and pilot the Part 2 Membership (MFOM) examination and prepare for its administration (to include OSPE (Observed Structured Practical Examination) training for examiners and developing question banks for each examination component)
- Implement, review and audit revised arrangements for the dissertation
- Offer at least one training event to assist trainees preparing for the dissertation; develop resource information that would help them (eg, a list of Members prepared to be academic advisers)
- Regional Specialty Advisers (RSAs):
 - Continue to improve the support to RSAs
 - Seek ways of making RSA appointments more 'attractive' to encourage more applicants when posts become vacant and to develop future RSAs
 - Clarify the RSA relationship with regional deaneries
- Regional deaneries:
 - Continue the drive to ensure that occupational medicine is represented appropriately within regional deaneries
 - Improve communication (both ways) between deaneries and the Faculty
 - Improve the communication and links with the deanery occupational medicine Specialty Training Committees
- Maintain good communication links with PMETB, Managing Medical Careers and the Academy of Medical Royal Colleges (AoMRC) Specialty Training Committee (STC)
- Continue to develop appropriate recruitment and selection strategies that are tailored for occupational medicine applicants
- Ensure the new model of the HAVS (Hand Arm Vibration Syndrome) qualification runs smoothly
- Promote the educational and competency frameworks in occupational health for GPs developed in 2008 and consider opportunities for other work with GPs at various levels
- Undertake the necessary development work to comply with PMETB training standards 8, 10, 12, 13 and 16
- Pilot the role of external assessors in workplace-based assessments (WBAs) and begin to evaluate WBA tools
- For Trainers/Educational Supervisors, continue to develop, publicise and support the training arrangements for the new curriculum
- Support the Academic Forum for Occupational Medicine and Health
- Run an Annual Scientific Meeting, and two other conferences, with a view to one being run in Scotland
- Consider how to enhance connections with environmental medicine through, eg a conference, support/services for doctors in environmental medicine

IMPACT

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



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

Professional Development and Standards

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

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

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

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

REVALIDATION

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

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



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

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

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

OCCUPATIONAL HEALTH SERVICES STANDARDS FOR ACCREDITATION

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

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

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



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

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

ETHICS COMMITTEE

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

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

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

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

OBJECTIVES FOR 2009

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



IMPACT

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



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

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

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



Membership

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

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

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

MEMBERSHIP NUMBERS AT THE YEAR END

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

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

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

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

OBJECTIVES FOR 2009

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

IMPACT

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

Governance, Resources and Internal Matters



RESOURCES

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

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

STAFFING

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

ACCOMMODATION

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

OBJECTIVES FOR 2009

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

IMPACT

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

Finance Review

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

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

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

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

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

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

SPONSORSHIP AND GRANTS

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

Academy of Medical Royal Colleges
Department of Health



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

FINANCIAL REVIEW FOR 2009

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

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

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

ACCOMMODATION REVIEW

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

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

INVESTMENTS

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

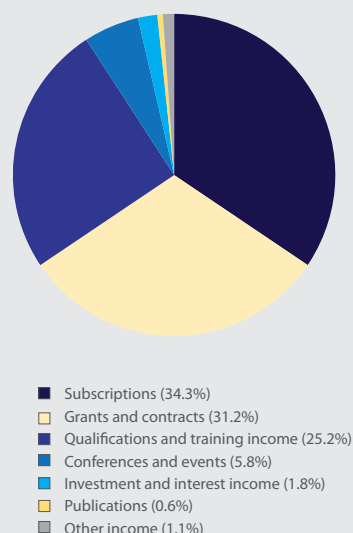
BUDGET 2010

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

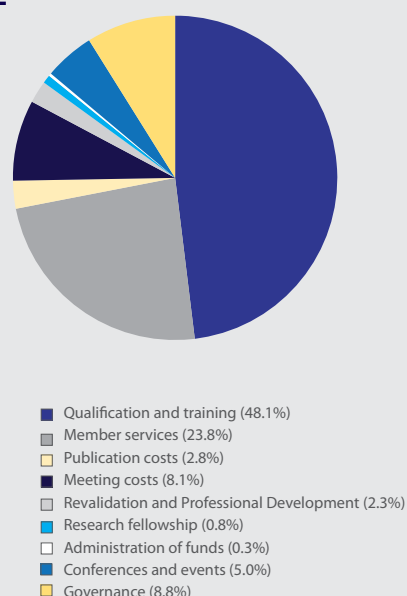
revalidation but with some significant financial challenges in the future. We will continue to strive to increase income from sources other than membership fees. We expect in the next financial year to secure new premises that will support our development over the next 5-10 years.

Finally, the Trustees wish to thank the staff, Nicky Coates and Frances Quinn and latterly Katie Harris in the Faculty office, for their unremitting efforts throughout the year, together with the sponsors and supporters, who give their services to the Faculty voluntarily and on whom the Faculty is increasingly reliant.

INCOME



EXPENDITURE



Objectives for 2010

PROMOTION OF OCCUPATIONAL HEALTH AND OCCUPATIONAL MEDICINE

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

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

EDUCATION AND TRAINING

ASSESSMENT

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

TRAINING LINKS AND EXTERNAL RELATIONS

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

EDUCATIONAL EVENTS

- Run an Annual Scientific Meeting, and two other conferences

OTHER TRAINING MATTERS

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

PROFESSIONAL DEVELOPMENT AND STANDARDS

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

MEMBERSHIP

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

GOVERNANCE, RESOURCES AND INTERNAL MATTERS

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

This document is a summary 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 2009 Annual Report and Accounts, 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 2009.



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