

The thirty-first Annual General Meeting  
of the  
Faculty of Occupational Medicine  
was held at the  
Royal College of Physicians  
on  
Thursday 14 May 2009 at 3 30 pm

**fom**  
Faculty of Occupational Medicine

6 St Andrews Place  
Regent's Park  
London  
NW1 4LB

t: 020 7317 5890  
f: 020 7317 5899  
e: fom@facocmed.ac.uk  
www.facocmed.ac.uk

Charity Commission No 1035415  
Scottish Charity No SCD40010  
VAT Registration No 798 6604 82

## **1 INTRODUCTION**

- 1.1 The proceedings were opened by Professor Ian Gilmore, President of the Royal College Physicians (RCP).
- 1.2 Professor Gilmore welcomed everyone to the College and to this 31<sup>st</sup> Annual General Meeting of the Faculty. He went on to say how proud the College was of its Faculties, and particularly of the Faculty of Occupational Medicine, as the oldest of which the RCP was a single parent, and for the highly successful and influential work being done by the Occupational Health Clinical Effectiveness Unit, a joint venture between the Faculty and College.
- 1.3 He then handed over to Professor David Coggon, the Faculty's President, who welcomed everyone to the meeting.

## **2 MINUTES**

In response to a request from the Professor Coggon, Dr Jeremy Owen proposed that the minutes of the minutes of the Annual General Meeting held on Thursday 22 May 2008, as circulated, be confirmed as a true record of the proceedings. This was seconded by Dr Kit Harling, carried unanimously and the minutes were signed by the President.

## **3 ANNUAL REPORT**

- 3.1 The President presented the 2008 Annual Report. This had been made available to the membership on the website, in both full and summary versions with colour photocopies of the full version and printed copies of the summary being provided to Annual Meeting attendees that day. He went on to highlight a few of the more important activities which had moved on since the end of 2008.
- 3.2 The context of the Faculty's work over the last year had been very much influenced by the two reports, Dame Carol Black's report *Working for a healthier tomorrow* and the Government's response to that, *Improving health and work: changing lives*, and these had offered the Faculty a real opportunity to further its objectives and to focus on promoting healthy working lives, in collaboration with a number of other groups.
- 3.3 As a follow up to the Faculty's December 2008 conference on how occupational healthcare should be delivered nationally in this country in the years to come, a first draft of a strategy document had been prepared. After Board approval, this would be circulated to the membership for comment.
- 3.4 Some of the things in the strategy were already on-going, but one proposal for members to think about was the possibility of trialling regional consultant occupational physicians, paid by the NHS, perhaps jointly appointed with the Health and Safety Executive (HSE), to

work alongside directors of public health to co-ordinate work and health activities in a region, serve as a source of advice for all who were interested in this area, including NHS clinicians and HSE inspectors, and offer a referral service and help to promote work and health activities in their region.

- 3.5 Another ongoing activity was the project to develop standards and an accreditation system for occupational health services, and thanks were extended to Paul Nicholson for the enormous effort and experience he had brought to driving this forward. It was a challenge to get the right balance because if the system were too elaborate and costly to run then the effort in showing compliance with standards could not be justified in terms of improvements in practice.
- 3.6 It was clear that occupational physicians, occupational health nurses and other specialist occupational professionals were unable to deliver all the occupational health advice required nationally, at least in the short term, and it was probably not sensible that they be expected to do so in the long term either. Professor Palmer had been leading for the Faculty on a project to promote a better understanding of work and health among other health professionals, notably general practitioners, working in partnership with the Royal College of General Practitioners and the Society of Occupational Medicine.
- 3.7 An improved understanding of work and health in undergraduate syllabuses was needed and the Faculty was building on work undertaken by Dr Nerys Williams in developing a curriculum and champions for occupational medicine in medical schools. In its response to a General Medical Council (GMC) consultation about the undergraduate syllabus for medicine, the Faculty had put forward a strong case for proper coverage of work and health, which had been endorsed by the Academy of Medical Royal Colleges in its own response.
- 3.8 The President gave credit to Dr Sian Williams and her colleagues for their work in fulfilling the initial mission of the Occupational Health Clinical Effectiveness Unit, to which the President of the College had already referred. The Department of Health had provided two years' support to carry out a series of projects, including the development of guidelines and organisation of national audits, but future funding from the Department was uncertain, making staff retention difficult. This point had been made to the Department, to encourage them to make a timely decision on funding to ensure that the Unit did not fold. The Unit was trying to develop a wider funding base and to offer audits outside NHS and NHS Plus departments, and anyone interested in participating, with appropriate financial contribution, was asked to contact the Unit direct.
- 3.9 Revalidation was another major activity and the Faculty was working alongside the other Colleges and Faculties to ensure smooth implementation. The main aim was a net public benefit but the downside was that it could take a lot of medical time, taking doctors away from their patients. The benefits needed to outweigh that loss and this needed to be kept in mind during the planning phase.
- 3.10 One of the things that had most encouraged Professor Coggon as President had been the active participation and involvement of a lot of members in Faculty activities and the number who had contacted the Faculty to express their concerns about things and what the Faculty was doing, or the line that it was taking, the most notable example surrounding the ethics of consent and confidentiality when issuing medical reports to employers. This was a difficult area and the Faculty had organised a conference on this topic in Manchester in October, with input from a professor of medical ethics and a GMC representative.
- 3.11 There had been some sad losses during the past year, including: Ken Nickol, a former Faculty Academic Registrar who had been very supportive to Professor Coggon when he had been in that role; Ralph Aston, a founder Fellow and former Registrar; and Ian McCallum, a former Dean of the Faculty, President of the Society of Occupational Medicine and of the British Occupational Hygiene Society. Following a proposal from Raymond

Agius it had been agreed that, as a way of remembering Ian's contribution, the three organisations would establish a lecture in his memory to be delivered every two years rotating through the three organisations, the first to be held at the Society of Occupational Medicine's Annual Scientific Meeting in Scotland in 2010.

- 3.12 Finally, the President extended his and the Faculty's thanks to the four outgoing Board members: Drs Ali Hashtroudi, Ray Johnston, Alastair Leckie and Andy Slovak for all the work they had done for the Faculty during their terms of office.
- 3.13 One written question, received in advance of the Annual General Meeting from Dr Joe Kearns, was read out to the meeting. In summary Dr Kearns had suggested that Dame Carol Black, in her report, had failed to understand that much of the absence attributed to sickness was equivalent to an incorrect diagnosis and thus the huge increase in the cost of sickness benefit could not be a failure of care of the NHS and he questioned whether the strategic review prepared by the Faculty would address that fundamentally false assumption.
- 3.14 In response, the President said that the strategic review did address this issue, though perhaps not in as much depth as Dr Kearns would like. The fundamental point was that a balance had to be struck between a generous compensation scheme which might incentivise illness and a restrictive one in which some people would suffer real hardship. A perfect system was unattainable, but in deciding what the optimum should be, skilled input was required as to who should be eligible to benefit in different situations which was why occupational physicians needed to be there giving advice.
- 3.15 Without endorsing any criticism of Dame Carol, the President said that he did feel there was a fundamental point that a lot of illness now causing incapacity in the national workforce was culturally determined and not a simple consequence of hazardous exposures in the workplace or outside. The decline in incapacity attributed to musculo-skeletal disorders since the 1990s was an example of that; it had not declined in relation to some major improvement in working conditions, but for other reasons. At the same time there had been a big increase in incapacity attributed to mental health problems: two trends, which might be related.
- 3.16 Dr Kearns was invited to respond and said that he was unable to share the President's generous view that people were in some way permitted to declare themselves sick and thus entitle themselves to benefit. It seemed to him that a triage should be put in place to discover who would benefit from Dame Carol's proposals.
- 3.17 The President responded to say that he was not endorsing benefits being paid as they were at the current time, but that there was a difficult balance to be drawn and that occupational physicians had the expertise to contribute to that decision making.
- 3.18 There were no other questions and the President invited the meeting to receive the Annual Report of the Trustees of the Faculty for 2008.

#### **4 ACCOUNTS**

- 4.1 The President invited the Treasurer, Dr Simon Sheard, to present the accounts for the year ended 31 December 2008.
- 4.2 Dr Sheard reminded the meeting that the detailed accounts were in the full Annual Report. On the face of it, the Faculty appeared to have made a loss of £22,750 on the year, but this was entirely explained by the unrealised loss on investments because of the credit crunch. Investments aside, a healthy operational surplus of around £87,000 had been generated on a general budget of around £800,000, achieved by an increase in qualification and training income coupled with well controlled costs.

- 4.3 Staffing levels, and associated costs, had actually fallen during 2008 and the £30,000 that it had been proposed would be flexed from the previous year's surplus had not been called upon. A plan was in place to address future staffing levels within the office following an external study, to ensure that staff were not unduly pressed and could deliver the high standards of service expected of a charitable body, both to the public and to members.
- 4.4 The Treasurer then touched on the three sets of funds into which the Faculty's money was divided. Restricted funds were those given to the Faculty for specific purposes to be used solely for those purposes, such as the Mobbs Travelling Fellowships. Some of these funds had been untouched for a number of years and there was now a plan to start to use them.
- 4.5 Designated funds were those unrestricted funds which the Faculty itself had set aside for a specific purpose, namely to fund anticipated accommodation costs at the end of the current lease, but over which there was some flexibility so that monies could be moved to and from general funds if needed. The Faculty's investments were spread in a charity equity fund and this had done better, at only 24% down, than the FTSE which had fallen 33%. Hopefully the loss would be offset by the expected reduction in property prices and Dr Sheard was working closely with the Treasurer and Finance Director of the College on the potential move. Despite the reduction in the value of the investments, he was confident that the Faculty had sufficient funds for this project.
- 4.6 The third fund was the general funds/free reserves and Dr Sheard re-iterated the Faculty's reserves policy, which was to accumulate a free reserve equivalent to six months' expenditure. At the end of 2008 reserves stood at £385,364 against budgeted expenditure in 2009 of £774,778, which was just under the specified level, so there was no room for complacency.
- 4.7 Low interest rates had resulted in reduced income, although the Faculty had been well supported by a number of organisations, including the Academy of Medical Royal Colleges, and Departments of Health and for Work and Pensions, which had provided grant funding for several projects. UNUM and Capita Health Solutions had sponsored the Academic Forum AwayDay meeting and the December Conference respectively and there had been generous offers of support for the Faculty's 30<sup>th</sup> Anniversary celebration at the House of Lords.
- 4.8 The budget for the year going forward had been set to provide a small surplus, but had been agreed by the Board at a time when inflation was not as low as it currently was. The proposed fee increases had been retained and the Faculty's fees remained in the middle of the range of those charged by other Royal Colleges and Faculties.
- 4.9 The Faculty had been successful in obtaining a substantial amount of money from the Department of Health, bid for some time ago, the first half of which had been received early in 2009 with the remainder expected in the latter half of the year.
- 4.10 The Faculty had ambitious objectives for 2009 as set out in the Annual Report, to provide public benefit and to support members through education, training, professional development and standards, all of which cost money.
- 4.11 Finally, Dr Sheard thanked: the Trustees, his fellow Officers and colleagues, Fellows, Members and all those who had supported the Faculty very generously with their time; and the staff, in particular Nicky Coates and Frances Quinn for their hard work and support during the year.
- 4.12 The President thanked Dr Sheard for his report and invited questions from the floor.
- 4.13 In connection with the premises issue in 2010, Dr Geoff Helliwell asked that the Faculty look at all possible options, as there might be substantial savings in moving the Faculty's administrative operation out of London, witness the examples of the British Occupational Hygiene Society, International Occupational Hygiene Society and some GMC operations.

- 4.14 In response, the Treasurer said that he and the President had met several times with representatives of the College to discuss this. Currently, the peppercorn rent paid by the Faculty on a substantial part of its offices meant that any move would result in increased costs. The Faculty was mindful of the need to minimise costs and was considering all options, but at that time its preferred option was to find a solution acceptable to the Faculty which would allow it to remain near the College.
- 4.15 Dr Joe Kearns proposed that the Treasurer's report be approved and this was seconded by Dr Jim Sykes, with no objections.

## **5 APPOINTMENT OF AUDITORS**

- 5.1 The Treasurer recommended that Kingston Smith be reappointed as auditors for 2009. This was proposed by Dr Ian Gemmell and seconded by Dr Mike Gibson and carried unanimously.

## **6 TO ADOPT PROPOSED NEW STANDING ORDERS**

- 6.1 The President presented the proposed change to the Standing Orders, which had been notified to the membership earlier in the year, namely that the sentence in Standing Order 2.15 relating to medical registration be changed to "Unless the member is fully retired from medical practice, they should also be a registered medical practitioner".
- 6.2 Professor Coggon explained that this change had been precipitated by a change in the UK General Medical Council's fee structure for retired members, with a number of doctors indicating that they no longer wished to retain their GMC registration after retirement from active practice. Currently this meant resigning from the Faculty as Standing Orders stated that members "should be registered medical practitioners".
- 6.3 The advantage of this change to the Faculty would be the retention of the expertise and support of fully retired members, many of whom still had a lot to offer the Faculty but who would not necessarily want to maintain their GMC registration.
- 6.4 Questions from the floor were solicited on the proposed change. In response to a point raised by Dr Geoff Helliwell the President said there were now three GMC registration options; licensed, which required the individual to revalidate; registered, which required payment of the annual retention fee following the withdrawal of the age exemption; and deregistered, through voluntary erasure. It was the latter category to whom the proposed change to Standing Orders would apply. The Faculty had received correspondence from a number of members who had made the decision to relinquish registration, indicating that, as a result, they would be resigning from the Faculty, but it had been suggested that they reconsider their Faculty membership after this matter had been considered by this Annual General Meeting.
- 6.5 There were no further questions and the President proposed that the existing Standing Orders of the Faculty should no longer apply and that in their place new Standing Orders incorporating the changed definition of 'Good Standing' be adopted by the Faculty. Dr Joe Kearns proposed and Dr Jim Sykes seconded the proposal, which was carried.

## **7 CERTIFICATES**

In the absence of the Registrar, the Academic Dean introduced the various certificates and prizes to be awarded.

## 7.1 **Honorary Fellows**

Professor Palmer reminded the meeting that under its Standing Orders the Faculty could bestow Honorary Fellowship on persons of eminence who had rendered exceptional services through research, teaching or professional endeavours to the science or practice of occupational medicine. For 2009, the Board had agreed to make four awards of Honorary Fellowship. Professor Palmer read citations for:

John Ballard  
David Peter Gradwell (in absentia)  
Peter John Graham  
Hugh Robertson

who were presented with their Honorary Fellowship certificates by the President. Professor Palmer congratulated the new Honorary Fellows and said that the Faculty hoped that these awards would be mutually beneficial and that the work of the Faculty could be furthered through enhanced links and collaboration with its Honorary Fellows.

## 7.2 **Fellows**

The Academic Dean reminded the meeting that Fellows were elected by the Board, on the recommendation of the Fellowship Committee. Fellowship was bestowed on Members of the Faculty who were considered to have made a significant contribution either to the practice of occupational medicine or to the work of the Faculty, and whose contribution was wide in scope or far-reaching in impact. The award of Fellowship was only considered to those still making an active contribution to the practice or promotion of occupational medicine. Fellowship was an important recognition of the contribution an individual had made in their work, to the specialty, and to the Faculty, and brought with it the responsibility of being seen to continue to help raise the standards of practice of occupational medicine and participate in the life and work of the Faculty. Fellowship certificates were presented by the President to:

Robin Patrick Donnelly  
John Mark Wallace Simpson  
Damian Peter Trafford

Professor Palmer congratulated the newly elected Fellows.

## 7.3 **Members**

The Academic Dean said that the Board admitted to Membership those who had successfully completed their specialist training, an important milestone in their career. By its nature, Membership was awarded throughout the year, at the point of completion of training. The full list of those who had been awarded Membership during 2008 appeared at Annex 4 of the full annual report. The Faculty was delighted that the following were able to be present to receive their Membership certificates, some of whom had completed their training during 2009. Membership certificates were presented by the President to:

Mahnaz Ali  
Shiyas Basher  
Andrew Richard Benc  
Katherine Jane Cryer  
Hampapur Sunderaj Giridhar  
Monika Misra  
Donna Louise Morgans  
Karen Elizabeth Nightingale  
Oluwafunbi Olayemi Ogundipe  
Hanaa Gabr Metwally Sayed  
Ayodeji Oluwatosin Talabi

A new category of Membership, Membership *ad eundem*, had been introduced during the previous year, following the change in Standing Orders agreed at the Annual General Meeting in 2008. This had allowed the Faculty to encompass as full Members those specialist occupational physicians who did not hold a Faculty qualification but were entered on the Specialist Register of the UK General Medical Council by virtue of EU or other overseas training and qualifications. The first applicants had just been admitted and the Faculty was delighted to be presenting the three certificates at this first presentation ceremony for Members *ad eundem* to:

Andrea Junker  
Roberto Ledda  
Claudia Margarete Rost

## **8 PRIZES**

The Academic Dean announced the prizes to be awarded.

### **8.1 Wilf Howe Prize**

The Wilf Howe Prize had been established in 2005 in memory of Wilf Howe, a Fellow of the Faculty, former Board member, and occupational physician working primarily in the oil industry who had been passionate about considering employees' occupational health issues in a wider, holistic context. The prize was to recognise an outstanding innovation, initiative or intervention that had delivered a demonstrable health benefit for a defined working population.

Professor Palmer welcomed Mrs Howe to the meeting and invited her to present the prize which this year, for his work on reducing the incidence of bakers' asthma, had been awarded to Dr Trevor Smith.

### **8.2 Peter Taylor Award**

The Peter Taylor Award (a silver medal) was established jointly with the Society of Occupational Medicine in memory of the late Peter Taylor, a former Dean of the Faculty and President of the Society, to be awarded to the trainee who had submitted the best dissertation towards Membership of the Faculty during the calendar year preceding the Annual General Meeting, the assessment criteria being scientific rigor, contribution to occupational medicine practice and the amount of help received by the candidate. For 2008 the Peter Taylor medal was presented to Dr Ogundipe.

### **8.3 William Taylor Prize**

The William Taylor Memorial Prize (a decanter and glasses) for 2008, awarded to the candidate who, at the first attempt at the examination for Associateship, passed all sections and attained the highest mark overall, was presented to Dr Steven Forman.

### **8.4 AstraZeneca Awards**

The AstraZeneca Awards (book tokens) for 2008, awarded to the three candidates who, in the Diploma in Occupational Medicine examination, passed both sections on their first attempt and attained the highest marks overall, were presented to Dr Genowefa Bajek (*in absentia*), Dr Benjamin Lashbrooke (*in absentia*) and Dr Hilary Saunders (*in absentia*).

## 8.5 Corporate Health Prize

The Corporate Health Prize (book tokens) for 2008 awarded to the candidate who in the Diploma in Disability Assessment Medicine examination, passed all sections at their first attempt and attained the highest overall score, was awarded to Dr Patricia Moultrie (*in absentia*).

## 9 APPOINTMENT OF OFFICERS AND BOARD MEMBERS

The Academic Dean announced the appointment of Officers and Board members.

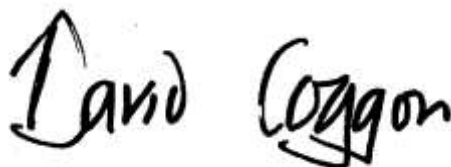
- 9.1 **Treasurer:** Dr Sheard's initial term of office as Treasurer had been due to finish at the Annual General Meeting in 2009. In accordance with Standing Order 3.4.2, the Board had agreed to extend his term of office for a further year until the Annual General Meeting in 2010.
- 9.2 **Universally elected Board members (3 vacancies):** following the call for nominations in January of this year, three nominations had been received for the three vacancies from Drs Marjorie Greasley, Ioana Kennedy and Philip McIlroy who had been appointed to the Board for a three year term to the Annual General Meeting in 2012.
- 9.3 **Constituency elected Board members:** Dr Steve Ryder was nominated unopposed as the elected representative of Scotland and had been appointed to the Board for a three year term to the Annual General Meeting in 2012.
- 9.4 The President congratulated all those who had received certificates, awards and prizes and welcomed, in particular, the new Members. He extended the Faculty's thanks to Peter Graham and Hugh Robertson for the extremely valuable work they did for the Board, not just at Board meetings but for the host of things they did in between meetings and noted that the Faculty benefited greatly from their expertise.

## 10 CLOSE OF PROCEEDINGS

- 10.1 The President then called upon the President of the College to close the meeting.
- 10.2 Professor Gilmore added his congratulations to the prize and award winners and new Members and Fellows. In addition, he thanked Professor Coggon for the hard work he had put in on behalf of the specialty and Faculty over the last year.
- 10.3 The proceedings of the 31st Annual General Meeting were then closed formally by Professor Gilmore.

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Confirmed by:



President:

on date: 27 May 2010