



Faculty of
Occupational
Medicine



Annual Report 2004



Our Mission

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

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



The objectives of the Faculty of Occupational Medicine

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



The Faculty Board

Dr Bill Gunnyeon	President
Dr David Snashall	President-Elect (from November 2004)
Dr Olivia Carlton	Registrar
Dr John Harrison	Academic Dean
Dr Gordon Parker	Training Dean/Director of Training
Dr Paul Litchfield	Treasurer
Dr Ursula T Ferriday	Assistant Registrar (to July 2004)
Professor Kevin Holland-Elliott	Assistant Registrar/ Director of Communications (from July 2004)
Dr Dennis Ferriday	Chief Examiner/Director of Assessment (Coopted from July 2004)
Dr Jacques Tamin	CPD Director/Director of Professional Development (Coopted from July 2004)
Professor Raymond Agius	Elected member (from May 2004)
Dr Lisa Birrell	Elected member (from May 2004)
Professor Carol Black	RCP President
Professor Sherwood Burge	RCP Representative
Dr Sally Coomber	Elected member
Dr Martyn Davidson	Elected RSA Representative
Dr Neil Davies	Elected member
Dr Will Davies	Coopted Representative of Wales (to May 2004)
Dr Geoff Denman	Elected representative of Wales (from May 2004)
Dr Tim Finnegan	Elected member (to May 2004)
Dr Geoff Helliwell	Elected member
Dr Ray Johnston	Elected member
Dr Alastair Leckie	Elected Representative of Scotland
Dr Jayne Moore	Elected Specialist Registrar Representative
Dr Alister Scott	Elected member (to May 2004)
Dr Delia Skan	Coopted Representative of Northern Ireland

The Faculty of Occupational Medicine is a registered charity (No 1035415) and all serving Board members are Trustees

Key Appointments

(not Board Members)

Dr Philip I Raffaelli	Chief Examiner
Dr Mike Dean	Deputy Chief Examiner AFOM
Dr Steve Boorman	Deputy Chief Examiner DOccMed
Dr Mike Gibson	Deputy Chief Examiner DDAM
Dr Tony Batchelor	Deputy Chief Examiner DAvMed
Dr Colin Payton	Newsletter Editor
Dr Rob Thornton	Conference Secretary
Dr Dipti Patel	Press Officer
Dr Chris Sharp	Sponsorship Co-ordinator
Dr Judith Secker	Chief Executive

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The Annual Meeting, 6 May 2004

The Faculty Board

Back row from left to right:

Martyn Davidson (Representative of Regional Specialty Advisors), Gordon Parker (Training Dean), Jayne Moore (Representative of Specialist Registrars), Sally Coomber, Neil Davies, Ursula Ferriday (Assistant Registrar), Raymond Agius, Geoff Helliwell, Paul Litchfield (Treasurer), Lisa Birrell.

Seated in front:

John Harrison (Academic Dean), Bill Gunnyeon (President), Olivia Carlton (Registrar).

Board members not present:

Carol Black (RCP President), Sherwood Burge (RCP Representative), Geoff Denman (Representative of Wales), Ray Johnston, Alastair Leckie (Representative of Scotland), Delia Skan (Representative of Northern Ireland).



The opportunities that now present must be grasped in order to secure the future of our Faculty and our specialty and to allow us to make a real difference to the health and wellbeing of all those at work.

– Bill Gunnyeon



Bill Gunnyeon
President

The start of 2004 saw us bring to a conclusion our year of Silver Jubilee celebrations with a conference held at the Royal College of Physicians in January. Looking at the impact of predicted medical, technological, political, social and cultural changes on the role of the occupational physician, the conference fitted very well with the theme of the Silver Jubilee celebrations – “Building on the Past, Preparing for the Future”. This set the scene nicely for the focus for the plan of work for the rest of the year which was very much about “preparing for the future” and allowed us to progress key elements of our five year plan. The key themes of our work have been raising the profile of our Faculty and our specialty, influencing government, preparing occupational physicians for the future and improving the management of the Faculty. So much has been happening that it would occupy too much space to detail it all but the following are some of the key achievements for 2004 both internal to the Faculty and in relation to the wider world in which we work.

Internal Issues

- **Governance:** A comprehensive review of the Faculty governance and management structure was completed. The objectives were to ensure compliance with the changing requirements of the Charity Commission and to establish increasing robustness and transparency in the operation of the Faculty’s business. Recommended changes were piloted during the second half of 2004 and will be presented to the 2005 AGM for formal approval.
- **Training and Assessment Review:** The fundamental review of our training and

assessment processes has made significant progress and is referred to in more detail later. The importance of this project for the future of our specialty should not be underestimated and I am grateful to all those who are participating in what is for our Faculty a major undertaking.

- **Position Papers:** During the year we published the first two of our series of position papers entitled:
 - Age and Employment
 - Smoking and Work

These are designed to highlight key issues in the areas concerned and to identify actions for the Faculty and its members. The initial papers have been well received and the next four in the series are due to be published in the first half of 2005.

- **Lay Representation:** Our proposal to establish lay representatives on the Faculty Board and key Faculty committees were concluded with the appointment of Peter Graham and Hugh Robertson as the nominees of the CBI and TUC respectively. We extend a very warm welcome to both Peter and Hugh who join the Board in early 2005.
- **Communication:** We have continued to make efforts to improve communication with both members and the outside world and during the year introduced a monthly electronic news update which has been well received. In addition, our website was totally upgraded and a new members’-only area established. Feedback indicates that our members welcome both electronic and web-based communication.
- **Guidance on Ethics for Occupational Physicians:** The Faculty’s Ethics Committee has been working hard on the revision of our ethics guidance with a view to publication of the 6th edition in late 2005.

External Issues

- **The Health and Work Handbook:** A joint working group comprising representatives of the Faculty, the Society of Occupational Medicine and the Royal College of General Practitioners was established with a view to producing guidance on the role of occupational health in patient care. In particular, it was hoped that outcomes would include improved communication between occupational physicians and general practitioners and greater understanding amongst GPs of the positive impact they

can have on the likelihood of their patients returning to work following illness or injury. The group also had the benefit of input from the Health and Safety Executive (HSE)/Department for Work and Pensions (DWP). Following a considerable amount of work, the Health and Work Handbook has been produced and will be presented to the three organisations for endorsement during the early part of 2005 prior to publication.

- **Academy of Medical Royal Colleges:** During the second half of the year, the Academy of Medical Royal Colleges, of which the Faculty is a member, agreed to establish a short term working group led by the Faculty to consider how secondary care specialists might be helped to recognise the importance of work to their patients and to see return to work as one of the indicators of a successful outcome of any medical intervention. It was also hoped that it would encourage those responsible for managing patients with chronic disease to focus on optimising functional capability in order to allow such individuals to remain in work for as long as possible. The group is due to produce its report and recommendations by the end of the first half of 2005. In addition to this, the Faculty is playing a key role in the Academy’s reconstituted Health Inequalities Forum.
- **Faculty of Public Health:** A joint project was established with the Faculty of Public Health to produce a short guide for employers on improving the health and wellbeing of employees. This has progressed well and again the report should be published during the first half of 2005.
- **Influencing Government:** The Faculty has continued to interact with government and, in particular, with the DWP. Some of the key activities during the year have included:
 - A constructive meeting with the Minister for Work, Jane Kennedy.
 - A meeting with the Chief Medical Officer, Sir Liam Donaldson, to discuss areas of overlap between our specialty and public health and the role the Faculty might play in the Government’s broader public health agenda.
 - Participation in the consultation process which led to the publication of the Government’s Framework for Vocational Rehabilitation and which included reference to two of the Faculty’s initiatives.
 - Participation in the consultation process which preceded the

publication of the Government's public health White Paper and which included a whole chapter devoted to Work and Health

- Establishment of a short term working group to look at the occupational health issues of immigrant workers with the objective of being able to provide input to the Government's National Refugee Integration Forum task groups.

- **Postgraduate Medical Education and Training Board (PMETB):** After a period of considerable uncertainty, a decision has finally been made that the new PMETB will assume its statutory responsibilities for all postgraduate medical education in the UK in September 2005. The Faculty has continued to work closely with PMETB during its evolution and to provide input into its various consultations exercises. The Faculty is also represented appropriately on key PMETB sub-committees and working groups. Given the role that PMETB will have, it is essential that the specific requirements that the Faculty has in relation to training which are different from the requirements of many of the other Colleges and Faculties are not overlooked.

- **Society of Occupational Medicine:** The Faculty continues to work increasingly closely with the Society in order to ensure that our activities are complementary and mutually beneficial to our respective memberships. The spirit of the Partnership Accord signed several years ago has truly been translated into practice.

- **Irish Faculty of Occupational Medicine:** We have continued to strengthen the links with our sister Faculty in Ireland and a productive meeting took place in London between Officers of our two Faculties. A plan for areas of cooperation was agreed.

Conclusion

2004 was another very busy year. As I reflect on what has been achieved during the year, I am only too aware that this could not have happened without the significant input and support from our many members who give so freely and enthusiastically of their time. To each and every one of you, my most sincere thanks. The day to day work of the Faculty of course would simply not happen without the hard work and good natured commitment of our team in the Faculty office to whom we, as always, owe a debt of gratitude. As you

know, Judith Secker retired at the end of the year. As our first Chief Executive, Judith made a major contribution to the restructuring and reorganisation of the Faculty administration, essential to allowing the Faculty to prepare for the future. I would like to thank Judith on behalf of all in the Faculty and, in wishing her well, express my own personal gratitude for the support given to me during my Presidency.

I have been extremely fortunate in being supported by a superb team of Officers whose guidance and wise counsel have been invaluable and by a Board who have been consistently positive and constructive in their deliberations and support.

This is my last Annual Report as David Snashall will assume the mantle of the presidency in May 2005. Wishing David every success, I am confident that you will give to him the same level of support that you have to me over the past three years.

Occupational health has an increasingly high profile at the present time – perhaps more so than it has ever had – and our Faculty has a huge opportunity to play a key role not just in our traditional area of protecting and promoting the health of those at work but also in contributing to the wider public health agenda. The Faculty is in good heart, our infrastructure is more robust, we are progressing a series of key initiatives and our profile is rising. There is however much work still to do and we must guard against complacency. The opportunities that now present must be grasped in order to secure the future of our Faculty and our specialty and to allow us to make a real difference to the health and wellbeing of all those at work. As we enter a new year and approach a new presidential term, I wish the Faculty ongoing success.

Bill Gunnyeon



David Snashall
President-Elect

I am looking forward to taking over as President of the Faculty on 19 May at a time when occupational medicine appears, suddenly, to have come of age. By this I mean that employers are begging for our services, the government is asking for our opinion and our own colleagues in the medical profession are beginning to accept us as real specialists in our field.

With the increased workload most of us are experiencing, it has been particularly encouraging to see how willing members of the Faculty have been to participate in its activities. I intend to encourage as many members as possible to make their own personal contributions.

It would be naive to expect a smooth ride in such a demanding post: the responsibilities are quite daunting but the reforming work done by Bill Gunnyeon and his Board over the past three years and the hard work of the staff have enormously improved the Faculty's fitness for purpose and given it the capacity to punch well above its weight. I also look forward to cooperative working with a number of other organisations, not least the Department for Work and Pensions (which is now the Health and Safety Executive's Sponsoring Department) when Bill Gunnyeon takes over as Chief Medical Adviser later this year. Close relations with the Society of Occupational Medicine will continue to be maintained.

During my three years in office I undertake to get things moving towards having a greater voice both nationally and internationally. Other pressing issues are the mismatch in the numbers of

occupational physicians both trained and in training and the needs of employees and employers and – one for the horizon – whether the Faculty should emulate its American cousin and expand into the rapidly changing climate of environmental medicine. Early signs that the focus of academic medicine may be moving outside its traditional niches and into schools of business are an intriguing development.

For those that did, thank you for voting for me. For those that didn't, I will do my best to represent you. It is an honour to be leading the Faculty on all your behalves.

David Snashall



Olivia Carlton
Registrar

The new governance arrangements, primarily designed to separate the functions of the Board and the Executive Committee, were shadowed this year. They will be formally introduced in May 2005 if they are ratified at the Annual General Meeting. The Executive Committee has been expanded to include the Director of Assessment (Chief Examiner) and the Director of Professional Development. Under the new arrangements the Registrar chairs the Executive Committee, and the Chief Executive reports to the Registrar.

There were several elections and changes of Officers during the year: Raymond Agius and Lisa Birell were elected as Ordinary Board members, replacing Tim Finnegan and Alister Scott; Geoff Denman was elected unopposed as the representative of Wales, replacing Will Davies who had served as the previously co-opted representative of Wales; and David Snashall was elected

as President to take office in May 2005. Keith Palmer resigned from his post as Director of CPD, and the Board appointed Jacques Tamin to the post, now called Director of Professional Development. Philip Raffaelli resigned as Chief Examiner, and Dennis Ferriday was appointed by the Board to the post, now called Director of Assessment. The Assistant Registrar, Ursula Ferriday, resigned. This is currently an elected post, but will not be so if the new governance arrangements are ratified. An interim Board appointment was therefore made to complete the current term of office. Kevin Holland-Elliott was appointed, and the name of the post has been changed to Director of Communications. I would particularly like to thank Ursula who worked closely with me on the Executive Committee.

The process of appointing Fellows has been reviewed, with a view to ensuring greater transparency. The first change that has been made is that Members being proposed for Fellowship are made aware of this and asked to provide their own information about their previous career, contributions to the Faculty, etc. An application for Fellowship may now come from the Member themselves, provided that they have existing Fellows to propose and second their application. The second stage of the change will be introduced next year, with a review of the criteria to be used for the Fellowship Committee.

One role of the Registrar is to support the Faculty staff. Judith Secker, the Chief Executive, resigned at the end of the year. In typical fashion, as one of her last contributions, she helped appoint an interim Chief Executive, Nicky Wilkins, to take over as she left. I have worked closely with Judith for nearly three years and would like to pay tribute to her hard work, vision and commitment to the Faculty, which has led to greatly improved processes and working conditions for Faculty staff.

Olivia Carlton



John Harrison
Academic Dean

I have been involved with Faculty activities, in one way or another, for more than a decade. Throughout this period I have been influenced by something that was said to me by a Faculty grandee: the Faculty punches above its weight. I didn't really appreciate what was meant by this at the time, but I have come to realise the wisdom of those words. In the academic world of medicine we are small fry. We are a small faculty of the Royal College of Physicians and, until relatively recently, our influence in matters pertaining to the National Health Service was virtually non-existent. If you work in the private sector you may, at this point, think so what? Who cares about the NHS when there are real life issues to be addressed in the business world? However, whether we like it or not, training and research in medicine in the UK is inextricably linked to the NHS and that is the focus for the Medical Royal Colleges and the Department of Health. We have been very fortunate to have been included as a member of the Academy of Medical Royal Colleges and to have had a seat at the UK Specialist Training Authority. This has ensured that the specialty of occupational medicine has been represented on these important bodies.

Our achievements to date have been the results of a lot of hard work by a number of people to get the occupational medicine message to where it really matters – the decision makers. This has been helped by the excellent work performed by yet more volunteers, who attend the various examination committees, give up their time to examine or assess dissertations, or assist with training by being Regional Specialty Advisors or Programme Directors.

The quality of the work done by all our volunteers gives us academic credibility. Every year we hear that the pressures in the day job make it increasingly difficult for you to give your time to Faculty work, but you still do it! I would like to express my thanks to everyone who helps us keep the academic "show on the road". We cannot do it without you, no matter how small you think that your contribution might have been. And we will continue to call on you because the pressures on the Faculty to continue to punch above its weight are unremitting.

By now, you will be familiar with the fact that postgraduate medical education will be governed by the Postgraduate Medical Education and Training Board (PMETB), in place of the Specialist Training Authority. The Faculty will not have a place on the board of this new organisation and our representation will be at subcommittee level only. We have places on the specialist programmes subcommittee, which will report to the Training Committee of the PMETB board. I have also become a member of the postgraduate education committee of the Academy of Medical Royal Colleges. In this way we hope to ensure that there is a voice for occupational medicine in the planning of training and assessment in the future so that the special needs of our specialty are taken into account. There have been, and will continue to be, radical changes in the organisation, delivery and assessment of training, all of which will be overseen by the PMETB. The influence of the Medical Royal Colleges and Faculties will be less in the future, although there is evidence of an increasing appreciation of the work of the Colleges and Faculties and recognition that a symbiotic relationship will be essential in order to deliver the planned changes.

Our own training and assessment review is progressing, although it will take a little longer to report than had been planned. The main reason for this has been the difficulty in getting people together. Nonetheless, we must bring this to a conclusion as it will form the basis of training and assessment in occupational medicine for the next 5 to 10 years. The aim is to produce a revised training curriculum that will set out how we train tomorrow's specialist occupational physicians, ensuring that Faculty approved training posts provide a suitable training environment to deliver competency-based training. We are reviewing our current

assessment methods and assessing possible new ones, including what have been called "workplace" assessments. This terminology is confusing to anyone in the occupational health field but it refers to in-post assessments of performance and includes 360 degree appraisal and directly observed clinical practice. (Such assessments link to the assessments required in the revalidation process, which is one of our aims). In the future, I envisage that a mixture of in-post and external assessments will inform the evaluation of training success. A particular challenge for our specialty is how we will adapt to the move to Foundation training, which will replace the Senior House Officer years, and the early entry into specialist training that will be a feature of training in other disciplines. Occupational medicine has benefited, in the past, from the migration of doctors from other disciplines and this may become more difficult. However, if we can use the new arrangements to give credit for competencies already achieved, as well as experience, the increased flexibility of training may help us to attract doctors from a variety of specialties and to maintain the rich diversity that is a characteristic and strength of occupational medicine.

Training of non-specialist occupational physicians remains a concern of the Faculty. The Diploma in Occupational Medicine is one of our most successful examinations and it has ensured that the general public has access to general practitioners who have basic competencies in occupational medicine. In doing so, this has enabled us to expand the pool of appropriately trained professionals, thus extending the public benefit of the Faculty's work, in line with our charitable aims. As primary care continues to evolve, the number of GPs who wish to develop an interest in occupational medicine is likely to increase. In line with our review of specialist training, we are looking at revising the way in which we train doctors wishing to obtain the Diploma in Occupational Medicine. We believe that modularisation of training could be the way forward. This would make training more flexible and, hopefully, more attractive. We have used the development of a training and assessment module in Hand-Arm Vibration as a pilot for this approach. A training syllabus was produced following an evidence review and we have invited training providers to put together courses, including an examination, for approval by

the Faculty. There is also a requirement for courses to be audited by the Faculty. We believe that this franchising arrangement could be an effective model for the future.

Finally, our training and assessment review has given us cause to consider our place in Europe and the wider world. We enjoy good relations with the Faculty of Occupational Medicine of the Royal College of Physicians of Ireland and this year have started to work more closely with them on developing reciprocal arrangements and mutual recognition of training posts. As both our Faculties are reviewing training and assessment methods, there is an opportunity for convergence for mutual benefit. There are not only practical benefits from such a relationship, but also strategic benefits within the European Union. In addition, we have benefited from the UK chairmanship of two established European occupational medicine organisations: the European Union of Medical Specialists (EUMS) – occupational medicine section – chaired by Ewan Macdonald and the European Association of Schools of Occupational Medicine (EASOM) of which I am chairman. It is important that the UK has a voice in Europe, particularly with the European Commission. There is also the possibility of influencing developments in training and assessment. An example of this is a current bid for European funding to carry out a Europe-wide survey of assessment methods. There will be more of this, next year, perhaps. The establishment of a European forum is an example of the importance placed by the Faculty on European affairs.

So I think that a case can still be made that we continue to punch above our weight. It is increasingly difficult to do it in a world that seems to become more complicated and bureaucratic every day and where the pace of change is accelerating. However, it is as important to do this today as it ever was, if we are to safeguard the delivery of good occupational medicine practice in the UK.

John Harrison



Gordon Parker
Training Dean

Delays in the establishment of the Postgraduate Medical Education and Training Board (PMETB) have had a number of effects. PMETB was expected to take over the functions of the Specialist Training Authority (STA) in the autumn of 2004, but will not now 'go live' until September 2005. This has meant that assessment of the equivalent status of overseas specialists in relation to the GMC specialist register has continued under Article 9 of the European Specialist Medical Qualifications Order, rather than Article 14 of the General and Specialist Medical Practice Order. It has also delayed the assessment of other doctors who may wish to apply for entry to the register through their experience as well as training. PMETB will have more direct responsibility for this process than the STA had (including setting fees and establishing documentation), and has suggested that applications under Article 14 should begin in mid-2005. The Faculty's Equivalence Sub Committee is currently working on the assessment process, under the chairmanship of Dr Nick Cooper.

The Faculty responded to the publication of the curriculum for Modernising Medical Careers Foundation Years 1 & 2 by developing guidance for training departments, Postgraduate Deans and Regional Specialty Advisers. Occupational medicine is an ideal environment in which to deliver learning opportunities and core skills training, including communication and the social aspects of medicine. Possible models for delivery include a four month day-release programme and a two week block, but we acknowledge that unless new funding can be identified, deaneries may not be able to include occupational medicine in F2.

The move to Foundation training means that as part of the Faculty's major review of the training curriculum, training programmes and assessment methods, we will have to decide whether to introduce 'run-through' training from Foundation Year 2, or whether to attract doctors who have completed a further year's training in medical specialties beyond F2. This work is currently ongoing.

The Faculty's Specialist Training Committee (STC) welcomed Dr Ian Hastie as new Lead Dean for Occupational Medicine on the retirement of Professor Brendan Hicks. The Faculty is most grateful to Brendan for his wise counsel and technical advice, and wishes him well for his retirement. Regional Specialty Advisers' meetings have included important training in equal opportunities and valuing diversity and on aspects of new employment legislation. There are currently 54 trainees in the NHS and 109 in non-NHS posts, compared with 61 in the NHS and 111 in industry at this point last year. There are 20 unfilled (approved) training posts in the NHS and 33 in industry.

This is my last report as Training Dean, and I should particularly like to thank Louise Heyes, Head of Education and Training, for her support and for keeping the training process on track, all the members of the STC and especially Dr Martyn Davidson, who has deputised for me in a number of key areas throughout the past twelve months.

Gordon Parker



Paul Litchfield
Treasurer

Overview

The year has been a difficult one financially. Core income was significantly l

ower than anticipated in a number of areas and several heads of expenditure were higher than budgeted despite the implementation of mid-year controls. The net result was a deficit on running costs of £40,593 (approximately 6% of budget). However the general financial climate was more benign than in recent times and our investment portfolio grew by over 10% during the year. Nevertheless the overall position is a reduction in Faculty reserves of £6,270 over the period. If we are to prosper as an organisation we must ensure that we not only increase our activities and raise our profile but also that we grow our revenues to support what needs to be done.

2004 Accounts

The audited accounts for the year are shown in Annex 8 of the Annual Report. The bedrock of income remains subscriptions and examination fees. The modest increase in subscriptions for 2004 together with a marginal improvement in retention of affiliates resulted in a small increase in revenue from this source, though late payment is an issue for us. However examinations income fell by almost 12%, despite a small increase in fees, to the lowest level in more than 5 years. Analysis suggests that this is the result of declining numbers of candidates for the examination for Associateship, as reported previously, plus a reduced number of non-specialists taking the Diploma in Occupational Medicine following the adoption of the new GP contract. This fall in examination fees combined with the draconian and unjustifiable reduction in the Department of Health training grant created a major shortfall in anticipated income.

The increased level of communication with members, the launch of the new website and the additional forums established to reflect the changing nature of government in the United Kingdom and the European Union resulted in additional budgeted expenditure. However, other activities related to the production of publications and the new modular examination structure moved more slowly than anticipated and therefore incurred costs in the year without any significant balancing income. The welcome increase in CPD participation contributed to additional staff costs but the impact was disproportionately large because of the large number of late returns. CPD validation and audit is planned and resourced as a seasonal activity but, in practice, we have seen a steady trickle of returns which reduces efficiency and drives

up costs. Legal fees exceeded £10,000, significantly more than budgeted for. This in part relates to our vulnerability to candidate complaints about the examination process but is also a reflection of under confidence in seeking legal endorsement for common sense decisions – additional controls have now been put in place before legal advice can be commissioned.

Sponsorship and grants are an important supplement to revenue allowing us to support specific projects such as the Hand Arm Vibration Syndrome (HAVS) evidence review published in 2004. The appointment of Chris Sharp as Sponsorship Coordinator is a welcome development in focusing effort into this challenging activity. The lower profile support provided by many members' employers in allowing them to give time to the work of the Faculty and, in some cases, covering travel and subsistence costs cannot be reflected

adequately in the accounts but is no less valuable for that. Some donations are tinged with sadness and the establishment of a new fund in memory of our late colleague Wilf Howe is one such example.

Investments

Our Capital Fund has grown by more than 10% during the course of the year and at more than £280,000 has finally risen above its peak from 2001. The fund is intended to help meet our accommodation needs in the next decade but, unless market conditions are exceptionally favourable for us, is likely to require the addition of considerable further resource if we are to have realistic options available to us in five years time. Our general reserve of unrestricted funds also needs to be boosted in order to achieve our policy of maintaining approximately half of one year's expenditure as a cushion against adversity. The mix of assets between cash and equities remains essentially unaltered

and reflects the low to medium risk strategy that we have adopted.

2005 Budget

The budget for 2005 has again been a challenge to construct given the fundamentals of a static membership base, declining examination revenues and increasing demands from the Government, the public and our own members. As ever, the budget is based on a number of assumptions many of which require individual members to deliver on what they have committed to. If they fail in that the Faculty will not progress, planned income (and to a lesser extent expenditure) will not accrue and there will be an adverse impact on the bottom line. Ultimately that will drive up membership costs which will, in turn, push down numbers subscribing and a spiral of decline may well ensue.

Increases in membership and examination fees have therefore been set at a rounded 4.9% with a £20 subscription supplement for specialist members in work to cover the increased costs of the CPD scheme. Costs are being contained as far as possible and additional sources of revenue are continually being sought but this is not an easy task and dispatching the officers to busk in Regent's Park tube station is unlikely to have a material impact on income.

Corporate Governance

A revised structure for the governance of the Faculty has been developed, trialled during 2004/05 and is described in detail elsewhere. The guiding principles are a clearer separation of powers between the Board and the Executive with improved accountability of the latter. The various risks to the Faculty were again considered formally by the Board in accordance with the requirements of the Statement of Recommended Practice "Accounting and Reporting for Charities" (SORP 2000) and the major risks and the provisions in place to mitigate them are shown in the table. A number of changes to the rules governing charities will be introduced with SORP 2005 and these will be implemented during the coming year.

On the basis of this assessment the Board members, as Trustees of the Faculty, have completed the risk statement shown in the audited accounts.

Paul Litchfield

Provisions in place to mitigate major risks

Major Risk	Existing provisions	Additional Action Required
Poor quality of members' work (including non-members with Faculty qualifications)	<ul style="list-style-type: none"> • Training process • CPD • Revalidation process • NCAA relationship 	<ul style="list-style-type: none"> • Modular restructuring of examinations and training • Improved examiner training for all qualifications • Training for educational supervisors • Approval and audit of franchised centres
Problems with regulators	<ul style="list-style-type: none"> • Advice from auditors • Advice from solicitors • Charity Commission guidance • Trustee training plan • Governance review • Staff induction, training and appraisal • Compliance review and plan 	<ul style="list-style-type: none"> • Review of new SORP • Clarification of PMETB relationship • Review of developing revalidation requirements
Failure of IT & equipment	<ul style="list-style-type: none"> • IT maintenance contract • Backups • New website • Business continuity plan 	<ul style="list-style-type: none"> • Plan hardware re-provision for 2006 • Develop secure section of website • Enhance in-house skills
Problems with competitors	<ul style="list-style-type: none"> • Society Accord • Academy relationships • Devolved UK structure • Relationship with Irish Faculty 	<ul style="list-style-type: none"> • Relationships review and plan – e.g. IOSH, RCN, etc • Enhance POOSH representation • Refresh FOM brand and USPs
Problems with suppliers	<ul style="list-style-type: none"> • Split accountancy and audit functions • Refreshed relationship with IT suppliers 	<ul style="list-style-type: none"> • Develop franchise model • Test course approval and audit processes • Formally review franchising exercise • Maintain core IT skills in-house



Kevin Holland-Elliott
Assistant Registrar

I should like to begin this report by paying tribute to my predecessor, Ursula Ferriday, and members of the Communications Working Group, Cathy Amos, Dale Archer, Paul Grime, Mike McKinnon, Dipti Patel, Colin Payton, Robin Philipp and Rob Thornton, for the work that they have put in over the past few years. This work has really borne fruit over the past few months in particular. I inherited an Assistant Registrar role that was in the process of evolving to become a Director of Communications under the new governance arrangements. This is a functional role, with the need to focus on developing a communications strategy, infrastructure and processes through which quality communication to members of the Faculty and the wider public can be delivered.

Most noticeable among the tangible new developments has been the improvement of the website with its new format, presentational style and separated members' area. This is under continuous development. Helen Chaloner, our webmaster, and members of the web group should be congratulated for all their efforts. In line with the development of the website we have also moved to more electronic communication through the Chief Executive's regular e-mail, which also appears to have been a great success. We are also about to move to a predominantly electronic newsletter and annual report, although some hard copies will be available.

For a charity such as the Faculty, it is imperative that the charitable aims are clearly understood by as many people as possible and that we can demonstrate to the Charity Commission compliance with

those aims. The welcome development of position papers for the website has helped provide focused and well argued pieces to support these aims and enhance public debate. We hope to contribute further in due course. Another success has been to agree with other organisations that we exchange links on each other's website. For example, agreement has been reached with The Institute of Electrical Engineers (approximately 150,000 members worldwide) and more recently with other professional health and safety groups in POOSH (Professional Organisations in Occupational Safety and Health). Our web hits are already high but we hope to build on this success even further. In 2004, there were 72,913 visitors to the website, a 37% increase on the previous year. The new website in October 2004 resulted in a 28% visitor increase on the previous quarter.

In line with the governance arrangements of the Faculty, the Executive has agreed that the public part of the website and public documents for press, general public or wider professional dissemination should be approved and signed off by three members of the Executive Committee in advance of publication. The membership part of the website, newsletter and other member only Faculty communications need two signatures, in order to reduce the risk of avoidable errors.

Finally, I recognise the invaluable input from Frances Quinn and, in her time as Chief Executive Officer, Judith Secker. In the near future we hope to gear up and prepare for further media coverage, in order to support our charitable aims which 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.

Kevin Holland-Elliott



Judith Secker
Chief Executive

Overview

This is the last of my annual reports which together have covered my three years as Chief Executive of the Faculty. There has been a large amount of change in that time, much of it modernising the infrastructure and the processes of the Faculty. I hope that the Faculty's membership will feel that most of this change has been for the better.

Electronic communication

Many of the major changes referred to above have been enabled by the upgrading of the Faculty's electronic facilities. At the AGM in 2004, the membership accepted changes to the Standing Orders allowing electronic communication in respect of major Faculty business. This not only facilitates speedier communication with members, but also significantly reduces its cost.

As is not unusual, the member and contacts database took much longer than anticipated to be fully implemented. Frances Quinn (Membership Administration and Professional Support Manager) has spent many days on this task, supported by other members of staff. The database now contains much useful information, both to aid the administration of the Faculty and also to provide anonymised statistical data which can be utilised for the support of the speciality.

During 2004, we piloted an electronic newsletter. This was simply an email sent to all members for whom we hold an email address. It contained up-to-date news as well as requests for participation in various committees and consultations. The timely

nature of this communication resulted in a much wider group of members being able to take part in the important national outreach of the Faculty and specialty. I would like to thank Jean Whaley (Office Manager and PA to the Chief Executive) for collating these newsletters. Also, many thanks are due to members for their supportive responses.

As a result of the success of the electronic newsletter, the Faculty Board has decided to merge it with the current hard copy newsletter, taking the best aspects of each. This will result in an electronic equivalent of the hard copy newsletter, retaining its layout and visual attractiveness but being more frequent and topical. The Faculty office will provide hard copy versions to those members who do not have access to electronic media.

The Board also decided that the full annual report for 2004 should be made available in electronic version only.

Website

During 2004 we took advice, both externally and from a group of members, regarding the design of the Faculty's website. We wanted to update the site, making it more visually attractive and user-friendly. One of the prime criteria for change was to comply with the aspects of our charitable status which require us to deliver public benefit. This can be partially satisfied via the free supply of relevant information on our website. The 'public benefit' criterion also required that we should consider the accessibility aspects of the site. Another objective was to provide an integral members' area which could be used for aspects relating to the specialty and Faculty which were not of relevance to the general public. Helen Chaloner, our webmaster, deserves many thanks for the enormous work-load which all aspects of the re-design and changeover created. The results have, rightly, received much praise.

New Governance

At the AGM in 2004, and in published letters and articles following that time, the President set out for the members the proposals of the Board to update the governance structures of the Faculty. He stated that these structures were to be piloted during the remainder of 2004 and would then be put to the membership, at the 2005 AGM, as proposed changes to the Standing Orders.

A significant amount of time and effort has been spent on devising and successfully implementing the new structures. Job descriptions and person specifications have been produced for all the Officer posts and other Faculty positions as they become vacant. Terms of Reference for all Committees and Sub-Committees have been clarified and all produced in the same format. All of these descriptions have now been collated in a document entitled "Governance Regulations". This document is available on the members' section of the website and will be updated by the Faculty Board, as and when required. The updated Standing Orders have been issued to the membership via the website and will be offered to the 2005 AGM for adoption.

Training and Education Department

The Training and Education Department has had a busy year during 2004 and this is expected to continue into 2005. The Faculty has commenced a detailed review of its education and training assessment procedures, both in order to meet its obligations to the specialty and also to satisfy the new requirements which will come into place with the inauguration of PMETB (the Postgraduate Medical Education and Training Board). The professional details of these changes are discussed elsewhere in this Annual Report. The numerous working groups which are devising the new procedures are supported by Jane Davies who also continues to be the main contact for those producing their dissertations.

Committees comprising Chief Executives and Heads of Training from all the Medical Colleges and Faculties, together with representatives of PMETB, have debated the administrative changes which PMETB will require. Louise Heyes (née Golds) and I have taken part in all of these discussions, pointing out the major differences between training in Occupational Medicine and that in many other specialties.

We are sad to see the departure of Lynn Staff, who has ably supported both examiners and candidates over the last three years. We wish her well for her future. Charlotte Pedersen has been promoted to replace Lynn in 2005.

HAVS conference and courses

In April 2004, the Faculty published the results of a major review of the HAVS (Hand-Arm Vibration Syndrome) international literature. The associated

launch conference was organised, as usual, by Anna McNeil. This was a very successful conference and spawned the development of a syllabus for a Faculty qualification in HAVS assessment. This qualification is planned to meet the new Health and Safety Executive requirements for qualified personnel who can undertake the vastly increased number of assessments. The Faculty has already approved a number of course providers for the qualification.

If the above model of franchised short courses for Faculty qualifications proves successful, it is planned to extend it to other appropriate topics. Government support has been sought in order to speed this expansion.

Looking ahead to 2005

2005 is going to be a busy year for the Faculty. Following my retirement at the end of 2004, an interim Chief Executive, Nicky Wilkins, has been appointed to post. A permanent appointment will be made later in the year and will coincide with the inauguration of the new President.

I believe that the landscape for medical training and professional development will have changed dramatically by the end of the year. I wish the Faculty and all its staff and members a very successful future in this challenging new world.

Judith Secker



Alastair Leckie
Representative of Scotland

I took over from Chris Pugh at the beginning of 2004 as Faculty Representative of Scotland. It has been a very quick and very busy year.

Over the year, there have been a lot of developments within Occupational Health and Safety in Scotland and the Faculty has been involved in many of them. The largest and probably most important development is the announcement of Healthy Working Lives. This is a Scottish Executive driven strategy that pulls together agendas from public health, health protection and health improvement and cuts across departments within the Scottish Executive and also includes involvement from UK government departments. There is a clear role in here for occupational medicine and its practitioners to influence their employers to embrace the strategy and implementation plans as they are developed. It is explicit within the document that the Faculty will be involved in helping to advise on these plans.

The second significant development of Occupational Health and Safety in Scotland is the Health and Safety Commission announcement of the establishment of a Scottish Health and Safety Committee, although the name is not finalised; there are very tight timescales for the establishment of this 'committee'. It is quite clear that a variety of professional groups will be able to input into it through a series of sub-committees. This is recognition from the UK Government that although Health & Safety is not a devolved issue things are moving in a different direction and at a quicker pace in Scotland and hopefully this committee will facilitate the progress.

The Scottish Affairs Forum has operated this year, meeting once and having electronic communication about other matters as the year has gone by. My thanks are extended to the members who are: Finlay Dick, Simon Kemp, Fiona McDonald, Andrew Mounstephen, Ian Symington, David Watt, and Liz Wright. We are all keen to hear and represent your views fully and in line with the developing electronic communication from the Faculty in London I would be very happy to receive any comments or enquiries to alastairleckie@ohsas.scot.nhs.uk so that I can fully represent your views.

The links between the Faculty in Scotland and the Scottish Group of the Society of Occupational Medicine have been maintained and strengthened over the year. David Watt as immediate past Chair of the Scottish Group sits on the Scottish Affairs Forum and I sit on the Scottish

Group Committee as a representative from the Faculty. This collaboration culminated in the Faculty being invited to join the Society Meeting held at the Royal College of Physicians in Edinburgh in March. The topic was Healthy Working Lives and our president Bill Gunnyeon was invited to address the meeting.

The training of specialist registrars in occupational medicine in Scotland is good with around 20 trainees in post. They have a coordinated national programme of day release meetings, which include work place visits and an afternoon of teaching. We are grateful to Gill Fletcher for coordinating this and for the various trainers for hosting meetings from time to time.

Two initiatives were headlined by Chris Pugh in his report last year. Firstly, the review of Occupational Health and Safety Services in the NHS. I have represented the Faculty on this group and a draft report has now been circulated for comments. Secondly, Chris Pugh also produced a paper on "fast tracking" for NHS staff and the NHS has agreed significant funding for piloting of this service in two separate Health Board areas.

I have represented the Faculty at a variety of other meetings around the country and I am pleased to say that we are increasingly being included both at these invitations and also around consultation.

Alastair Leckie



Geoff Denman
Representative of Wales

In 2004, I succeeded Will Davies as the Representative of Wales and I am trying to build on the foundation he laid down. I am grateful to him for the work he did in

establishing the Welsh Affairs Forum and developing the specialty in Wales. I am trying to build on that work and encourage further growth within the specialty in Wales, but we still have a long way to go and many obstacles to overcome.

Aims Last Year

Communication – initiation of an e-group to promote discussion of topical issues and exchange information

Representation – to ensure maximum use of Forum representatives' potential on relevant working groups and committees

Education – alternatives to traditional meetings and seminars would be sought because of the small number and wide geographical distribution of occupational health practitioners in Wales

Common Good – development of centre of academic excellence in Wales

Future Forum meetings

Impact

The e-group has been established, and is functioning. It is not easy to know how many doctors are practising occupational medicine in Wales, because there is no requirement for GPs or others working occasional sessions to notify anybody. However, as far as possible all those who live in Wales and who belong to the Faculty or the Society of Occupational Medicine have been identified and invited to join. A relatively small number have done so to date, and the group is being used to communicate with them as appropriate.

Contacts with the Welsh Assembly Government are being developed, but this is proving to be a slow process because of the wide geographical area covered, the nature of the terrain and the resulting relatively poor communication links within Wales.

The Welsh Affairs Forum met again in September, and received its Terms of Reference from the Faculty. It discussed possible changes to sickness certification schemes being proposed in England. It was noted that cross-border communication with nearby groups in England is often much easier than travelling to meetings in Wales. There are two Society of Occupational Medicine groups, based in Manchester and Bristol, which are readily accessible by road from North and South Wales respectively. Most issues are common to England and Wales, but some issues will only apply to Wales, and we are working on ways of addressing these.

Dr Mike Tidley has joined the Academy of Medical Colleges in Wales and is using that platform to develop new ways of supporting general practitioners working in Wales.

A Centre of Academic Excellence has been established in Cardiff under the leadership of Denis D'Auria. A new training course is being developed, aimed at both medical and non-medical personnel with an interest in occupational medicine.

Geoff Denman



Delia Skan
Representative of
Northern Ireland

A half day symposium, on 17 November, on the theme of advocacy was the main activity of the Northern Irish Affairs Forum in the past year. This meeting, facilitated by the Society of Occupational Medicine, aimed to raise awareness of our representation on the Faculty Board, signal collaboration between the London and Dublin Faculties and present the key challenges which we face as individuals and within the specialty in the immediate future. Entitled Visibility, Voice and Vision, the meeting aimed to explore advocacy in occupational medicine from three individual perspectives. Speakers included John Gallagher, Ewan MacDonald and David Wright. Evaluation of responses showed a positive response with members favouring an annual event.

The Forum has also responded to a number of consultation papers including the review of public health and Our Healthier Future, a 10 year strategy for the Health and Personal Social Services. Passive smoking was amongst the items in the latter on which the Forum commented and reference

was made to the Faculty's position paper on the subject.

The membership of the Northern Irish Affairs Forum comprises David Courtney, Alistair Glasgow, William Jenkinson, Philip McCrea, and Delia Skan with the specialist registrars being represented by Martin Tohill. Northern Ireland has 16 specialist occupational physicians with a total of five specialist registrars in training.

The Faculty continues to be represented on both the Rehabilitation Programme Action Team and Support Programme Action Team of Northern Ireland's occupational health strategy Working for Health.

Delia Skan



Jayne Moore
Representative of
Specialist Registrars

This year, my second as specialist registrar (SpR) representative, has seen me sitting on non-faculty committees. The first, the BMA Junior Doctors Committee, is a noisy, rumbustious gathering and probably the most polite union meeting one is ever likely to attend. The second, and more frequent, is the Academy of Medical Royal Colleges Trainee Doctors Group. Both of these meetings have proven a useful source of information on the Postgraduate Medical Education and Training Board (PMETB). This body takes the reins of all postgraduate medical training from September 2005. There have been various teething problems that have delayed the start date. The Academy group is working towards having trainees on the major decision making committees of PMETB. An issue that has been a major talking point among the

various specialties is that because of the inclusion of general practice under the remit of PMETB the award at completion of training will change from CCST (certificate of completion of specialist training) to one of CCT (certificate of completion of training) for those finishing after 1 September 2005.

The Specialist Registrar Forum has continued to increase in size, from 10 regional representatives in 2003 to 15 in 2004, the target being 21, with the Navy, the RAF, Wessex and the West Midlands without representatives (Wales no longer has an SpR so it has a reprieve). Any volunteers from those remaining areas please contact me.

Reports from the meetings that I attend are disseminated through the regional representatives and cascaded out to all SpRs. Those regional representatives who were at the Society of Occupational Medicine (SOM) Annual Scientific Meeting (ASM) in Nottingham in July met one lunchtime to discuss issues and put names to faces. The intention is to try to repeat such a meeting at the 2005 SOM ASM in Manchester.

Another issue that has come to light is the feeling of relative isolation experienced by those newly finishing training. To try to tackle this, interest in a "new MFOM" group was canvassed. There seemed to be a significant interest in an electronic forum but no clear way to lead it. If anyone wishes to lead or guide such a group could they please contact me.

As you may be aware, as I think many of us will have received questionnaires, the Faculty is undertaking its own review of training. No decisions have yet been made but watch this space....

Jayne Moore



Jacques Tamin
Continuing Professional
Development Director

Governance arrangements: pilots

- The Director of Continuing Professional Development (CPD) role has been expanded to incorporate those aspects of revalidation which affect the Faculty. The post has been renamed "Director of Professional Development", and is now accountable to the Executive Committee.
- The Revalidation Committee has been reconstituted as the Professional Development Sub-Committee, as a sub-committee of the Executive Committee.

General Medical Council (GMC) and Revalidation

- The GMC issued a guidance document entitled "Continuing Professional Development" in April 2004. To quote from this: *revalidation will mean doctors must show us that they are up to date and fit to practise medicine. When revalidation is introduced in 2005 onwards, all doctors will need to demonstrate regularly that they are doing this. CPD allows doctors to demonstrate that they are maintaining their skills in their practice. It also allows doctors to develop professionally and to learn from more informal experiences that are not part of the revalidation process.*
- Therefore the GMC regards participation in CPD to be an essential component of the revalidation process. Other essential components are audit and appraisal.
- The Faculty has been working with the Society of Occupational Medicine, through its representatives on the Society's Educational Panel, to develop an appraisal process which will be available to members, who might otherwise have difficulties in finding an appraiser.

- Many members have contacted the Faculty to express their concern that the GMC may not understand how the nature and circumstances of our specialty are different from those of other specialties. We do have a representative from the GMC on the Professional Development Sub-Committee (as there was on the Revalidation Committee), and members can be reassured that these points are made to the GMC representative.
- In addition, the President and I met with the GMC following their invitation to the Faculty to comment on the draft GMC (Licence to practise and revalidation) Regulations 2004. We again highlighted the differences in our practice which need to be understood by the GMC. For example, on the issue of patient questionnaires and feedback, we explained that if, for example, we had found someone unfit for a job, or that someone wishing to retire early on health grounds did not meet the pension fund criteria, then those patients might give negative feedback, although the decisions were correct and justified.

CPD 2003 Returns and Audit

- In 2003, there were 340 CPD returns. The returns for 2002 and 2001 were 292 and 257 respectively.
- Although it is encouraging to see a steady improvement in numbers participating in the scheme each year, we still have less than 50% participation. Some Colleges and Faculties report participation rates of around 95%.
- One would probably have expected a rise in returns in any case, with revalidation approaching. It is possible that we will see this influence in the 2004 returns rate.
- In addition, it has been made clear in membership communications (such as the newsletter) by the Registrar, that one of the requirements of being "in good standing" with the Faculty, is participation in our CPD scheme. Therefore, those who do not send their CPD returns cannot expect to represent the Faculty, or hold Office, and Members cannot be elected Fellows unless they are in good standing.
- 80 participated in the audit, of whom 74 were confirmed as having 50 CPD points or over, and 6 were below 50.
- Some members experienced problems with recording internal CPD, in spite of the new form (CPD7) that was produced last year for this purpose. For this reason, a "record of reflective learning

form" is being piloted, and may help members with their recording of activities which could count towards their internal CPD. It will be made available on the Faculty website, once the feedback from the pilot is available.

The last sentence of the Director of Professional Development's job description reads *shall be responsible for promoting a climate in which high quality CPD is accepted as a professional obligation and valued and undertaken by all*. That is my ultimate aim. We are some way from there still, but I hope to continue the work that my predecessors have started, and make participation in our CPD scheme increasingly more straightforward and more understandable. I hope that most of you will not see it as a chore, but rather, in its requirement for us to pause, and plan, and reflect on our professional development, the CPD scheme will act as a catalyst to our continued development. This would ensure ever higher professional standards, and benefit our patients or clients, or the communities that we serve.

Jacques Tamin



Dennis Ferriday
Chief Examiner

I would like to begin this report by thanking the Faculty examiners for successfully delivering the Faculty examinations during 2004, as without their hard work and dedication throughout the year this would not have been possible. I would particularly like to thank my predecessor Philip Raffaelli and the Deputy Chief Examiners, Steve Boorman, Mike Dean, Dil Sen, Mike Gibson and Tony Batchelor together with the members of their examination committees. Finally I am indebted to Lynn

Staff and Charlotte Pedersen for their work as Examination Administrators. They have both done a terrific job during 2004 and we wish Lynn well on her sojourn in Ecuador.

But what of the future I hear you cry? As you can see by the reports from the other Executive members, 'times they are a changing'. The very structure of postgraduate medical education is changing and the way doctors will enter and train within our specialty could be very different in the future. As well as this major shake up of postgraduate medical training, the management of postgraduate medical examinations is also to change. From the summer of 2005 the Royal Colleges and Faculties will no longer be the sole judges of the probity of their examinations. As is referred to elsewhere in this report, a new Government board will oversee and manage the process. The Postgraduate Medical Education and Training Board (PMETB), as the new board will be known, will assume the responsibility of ensuring that postgraduate medical examinations are fit for purpose. The Board aims to ensure consistency of standards in postgraduate medical examinations across all the Medical Royal Colleges and Faculties.

The Royal Colleges and Faculties will in future take their lead from the PMETB in relation to both their examination processes and the evidence they collect to verify that their examinations meet the required standards. This will be a major change that some will find difficult, even unwelcome, but I have no doubt that it will lead to better postgraduate medical examinations in the future. The new examination system will inevitably lead to the Royal Colleges working more closely together and to greater harmonisation of examination methods and processes between the Colleges in the future. Although there must be some sadness in the loss of our independence I am sure that once the change has occurred and the dust has settled, our examination system will emerge enhanced and better able to assess objectively the competency of the occupational physicians of the future.

So much for the theory, what does this really mean in practice? Peter Drucker, the well known management guru, once said that plans are only good intentions unless they immediately degenerate into hard work. I must admit that this management truism has been much on my mind

since I took over the role of Chief Examiner/Director of Assessment from Philip Raffaelli. We are now beginning to realise the hard work that will be required as we rethink just about every aspect of our examination system. We need to build upon our current successful examinations and develop these to meet the changing requirements of postgraduate medical training and the developing requirements of the PMETB. Philip Raffaelli, together with other members of the Examination Working Group and ably supported by Richard Wakeford, worked hard throughout 2004 to understand and start to evolve our current examinations in light of these new requirements. We therefore have a good idea of the direction in which our examinations need to develop and, although there remains some uncertainty about the final process for medical training and the exact requirements for the PMETB, there is now sufficient clarity to start developing our examinations to meet the new challenges.

The first main challenge in 2005 will be to migrate our current examinations to a state that meets the requirements of postgraduate medical training and the PMETB. No firm decisions have yet been made on the examination methods that will be used and a major task during 2005/06 will be to develop common component building blocks for our examinations to ensure consistency and ease of delivery. There has already been some initial advice from the PMETB in this area and as expected one of the key requirements for any examination will be how objectively it rates the competencies that it purports to test.

Another major strand of work during 2005 will be the development of quality management processes for the delivery of our examinations. We plan to develop quality assurance processes in relation to the overall management of the Faculty examinations, together with defined processes for management of individual examinations. Many of the processes are already in place, so the main task will be to bring them together into a managed whole. As part of our quality initiative we will also be developing processes to support our examiners in their examination role. This will include a method for selection of examiners, together with an enhanced training programme for them. An examiner assessment process will also be developed to provide feedback on performance.

To lead this quality initiative John Cartwright is to be appointed in January 2005 to act as Chief Examiner (Quality) and is already starting on this work. Our examinations must not only be objective, but must also be perceived as such. The final area of development in 2005 will therefore be to collect appropriate metrics and develop relevant analysis to ensure that individual examinations are as objective as possible and that no particular sub-group of candidates is disadvantaged for any reason.

The future is still unclear and our journey to the Faculty examinations of the future will require hard work and dedication. Our goal is to develop a new system of Faculty examinations that meets the needs of the candidates and is fair, open and honest. This is a major challenge for a small Faculty such as ours, but one I am confident we can achieve. On reflection though, perhaps it's not Peter Drucker I should be quoting, but taking a leaf out of Oliver Hardy's book and say to John Harrison, the Faculty's Academic Dean, "This is another fine mess you've gotten me into!"

Dennis Ferriday



Occupational health has an increasingly high profile at the present time – perhaps more so than it has ever had and our Faculty has a huge opportunity to play a key role not just in our traditional area of protecting and promoting the health of those at work but also in contributing to the wider public health agenda.

– Bill Gunnyeon



List of Committees Membership, RSAs and Representatives

<p>The Executive Committee oversees the day to day operational, business and the financial management of the Faculty. It co-ordinates the work of the Faculty's committees, proposes and recommends to the Board new policy developments and initiatives. Following agreement by the Board the Executive Committee implements decisions relating to the services to members, public relations and external communications.</p>	<p>Executive Committee</p>	<p>President (Chair) Registrar Assistant Registrar Academic Dean Training Dean Treasurer Chief Examiner Director of CPD Chief Executive</p>
<p>The Silver Jubilee Committee was formed to plan activities to celebrate the achievements of 25 years, enhance the profile of the Faculty in the business and medical communities and re-inforce the foundations and build for the future of Occupational Health. It concluded its work at the Annual Meeting in 2004.</p>	<p>Silver Jubilee Committee</p>	<p>Chair</p>
<p>The Communications Working Group aims to develop and implement highly effective systems of clear and purposeful internal and external communications for the Faculty.</p>	<p>Communications Working Group</p>	<p>Assistant Registrar (Chair) Newsletter Editor Press Officer Conference Secretary Chief Executive</p>
<p>The Scottish Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Scotland, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative represents those practising occupational medicine in their area.</p>	<p>Scottish Affairs Forum</p>	<p>Chair SOM representative</p>
<p>The Welsh Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Wales, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative represents those practising occupational medicine in their area.</p>	<p>Welsh Affairs Forum</p>	<p>Chair SOM representative</p>

The Northern Irish Affairs Forum provides a mechanism for communicating information between the Board and the Faculty's membership in Northern Ireland, provides support to the Board Representative in establishing and developing links with devolved Government and ensures that the Board Representative represents those practising occupational medicine in their area. In addition, the Forum assists in strengthening links with the Faculty of Occupational Medicine in the Irish Republic.

Northern Irish Affairs Forum

Dr D I M Skan	Chair
Dr D Courtney	
Dr W R Jenkinson	
Dr A P McCrea	
Dr M Tohill	
Dr A C A Glasgow	SOM representative

The European Affairs Forum provides a focus for discussion and debate on European occupational health issues, a European dimension to the consideration of new Faculty policies and initiatives, and helps strengthen links with our European colleagues, thus demonstrating the Faculty's interest in and commitment to Europe.

European Affairs Forum

Dr E B Macdonald	Co-Chairman
Dr R J L Heron	Co-Chairman
Dr B M Crichton	
Dr N P Dowdall	
Dr P F G Gannon	
Dr D Sen	
Dr A J M Slovak	(SOM representative)

The Fellowship Committee considers all Fellowship nominations received by the Faculty and makes recommendations to the Board with a summary of the details of each proposed Fellow. The Committee also makes proposals to the Board for the award of Honorary Fellowships.

Fellowship Committee

Dr J J W Sykes	Immediate Past-President (Chair)
Dr O H Carlton	Registrar
Dr M J F Davidson	Elected RSA Representative
Dr A M Samuel	6 Fellows appointed by the Board
Dr R Thornton	
Dr A M Grieve/Dr D Courtney	
Dr E R Waclawski	
Dr F C Page/Dr D Sen	
Dr N R Williams/Dr D C Snashall	

The Faculty Merit Awards Committee nominates NHS consultants in occupational medicine for distinction awards to the Advisory Committee on Clinical Excellence Awards (ACCEA) and its Scottish equivalent (SACDA). The committee considers nominations for higher level awards (levels 9 to 12) and encourages Faculty Members and Fellows to submit the relevant documentation to the committee for consideration. A guide to the awards scheme is available on the Internet (www.doh.gov.uk/accea).

Merit Awards Committee

Professor T C Aw	Chair
Dr W J Gunnyeon	President
Dr I J Lawson	President, SOM
Professor D N M Coggon	
Dr C C Harling	
Dr D C Snashall	

The Ethics Committee advises the Board and individual members of the Faculty on any ethical matters that may arise in relation to occupational medicine. It also publishes Guidance on Ethics for Occupational Physicians, the 6th edition of which is currently in preparation. It is not the remit of the Committee to consider and report routinely on ethical considerations arising out of individual research projects or protocols proposed by members, which should normally be submitted to District or Regional Ethics Committees or other appropriate committees such as those established by Universities or the Armed Forces.

Ethics Committee

Dr C C Harling	Chair
Dr S J Hunt	Secretary
Dr P Litchfield	Member of the Board/Executive
Dr J G Bell	4 Members or Fellows
Dr L Holden	
Dr R Jefferson	
Dr S Pattani	
To be appointed	Diplomate
Ms S Cave	Co-opted non-medical member: OH nurse
Ms T Daly	Co-opted non-medical member: OH nurse
To be appointed	Lay Board member nominated by CBI (employers)
To be appointed	Lay Board member nominated by TUC (employees)
Ms Bela Gor	Employment lawyer

List of Committees Membership, RSAs and Representatives cont.

<p>The Revalidation Committee advises the Board and the membership on all matters relating to the process of revalidation.</p>	<p>Revalidation Committee</p>	<p>Chair President Registrar Academic Dean Training Dean CPD Director SOM Education Panel representative SOM nominee GMC representative</p>
<p>The Academic Committee oversees the education and examination strategy of the Faculty and therefore considers all matters pertaining to the awards of Associateship and Membership of the Faculty. It also reviews the competencies profile for Occupational Physicians, monitors compliance with CPD, runs workshops for trainees and, when necessary, initiates the examination appeals process.</p>	<p>Academic Committee</p>	<p>Academic Dean (Chair) President Registrar Treasurer Training Dean Chief Examiner CPD Director Internal Assessor</p>
<p>The Chief Examiners Committee considers all matters relevant to the examination process including the review of syllabi, examination techniques and examination regulations as well as the selection and training of examiners.</p>	<p>Chief Examiners Committee</p>	<p>Chief Examiner (Chair) President Academic Dean Deputy Chief Examiner AFOM Deputy Chief Examiner DOccMed Deputy Chief Examiner DDAM Deputy Chief Examiner DAvMed</p>
<p>This committee devises, sets and reviews the biannual examination for Associateship of the Faculty.</p>	<p>AFOM Management Committee</p>	<p>Deputy Chief Examiner (Chair) Chief Examiner</p>
<p>This committee devises, sets and reviews the Diploma in Occupational Medicine examination.</p>	<p>DOccMed Management Committee</p>	<p>Deputy Chief Examiner (Chairman) Chief Examiner</p>

This committee devises, sets and reviews the Diploma in Disability Assessment examination.

DDAM Management Committee

Dr T M Gibson
Dr P I Raffaelli/Dr D Ferriday
Dr M Henderson
Dr C Hudson
Gp Capt D Jones
Dr N Mitchell-Heggs

Deputy Chief Examiner (Chairman)
Chief Examiner

This committee sets the annual Diploma in Aviation Medicine examination, monitors and audits this examination process and advises on the composition of the examiner panel and their training.

DAvMed Management Committee

Dr A J Batchelor
Dr P I Raffaelli/Dr D Ferriday
Dr M Bagshaw
Dr M G Braithwaite
Dr A D B Evans
Dr T M Gibson
Gp Capt D Gradwell
Dr R V Johnston
Wg Cdr H Lupa
Dr C Sharp
Dr A P Steele-Perkins

Deputy Chief Examiner (Chairman)
Chief Examiner

The Peter Taylor Award Committee assesses the dissertations submitted for Membership of the Faculty for this award and makes recommendations to the Academic Committee.

Peter Taylor Award Committee

Dr J Harrison
Professor T C Aw
Dr A Pilkington
Dr R M Preece

Academic Dean (Chairman)

Internal Assessor
SOM representative

The Research Committee advises the Faculty on the strategic direction of occupational medicine research, taking into consideration nationally agreed research priorities and the need to develop evidence based, cost effective occupational health practice. The committee also advises the BOHRF management committee and produces a report for the sponsors of BOHRF summarising the activities of the committee and recommending future research options.

Research Committee

Dr C A C Pickering
Dr J Harrison
Dr A E Cockcroft
Professor A Griffiths
Professor J J K Jaakkola
Mr B Kazer
Dr S Khan
Dr I Madan
Professor M J O'Donnell
Dr L Rushton
L Seymour
Dr D C Snashall
Dr A B Stevens
Dr E R Waclawski
Mr L Waterman

Chair
Academic Dean

The Specialist Training Committee advises the Faculty Board on any matter related to higher specialist training in occupational medicine, including the training programme, inspection and approval of training placements and the appointment of educational supervisors. The Specialist Training Committee recommends to the Specialist Training Authority the award of a CCST.

Specialist Training Committee

Dr G Parker
Dr W J Gunnyeon
Dr O H Carlton
Dr J Harrison
Dr N K Cooper
Dr M J F Davidson

Dr B H Hicks/Dr I Hastie

Professor K Holland-Elliott
Dr J K Moore

Dr N G Morris
Dr P J J Ryan
Dr D I M Skan

Training Dean (Chair)
President
Registrar
Academic Dean

Representative of Regional
Specialty Advisors
Lead Postgraduate Dean for
Occupational Medicine

Representative of Specialist
Registrars

SOM nominee
FOM Royal College of Physicians
of Ireland nominee

List of Committees Membership, RSAs and Representatives cont.

Regional Specialty Advisors (RSAs) and Deputies

Region	RSA	Deputy
Northern	Dr G M Helliwell	Dr C J English
Yorkshire	Dr J M Shepherd	Dr M J Taylor
Trent	Dr I R Aston	Dr R M Quinlan
East Anglia	Dr P J Baxter	Vacant
N W Thames	Dr M J F Davidson	Dr C F Amos
N E Thames	Dr C T Lamb	Dr D Ferriday
S E Thames	Dr D C Snashall	Dr A M Finn
S W Thames	Dr R V Johnston	Professor K Holland-Elliott
Wessex	Dr R G Crane	Dr J C Smedley
Oxford	Dr K M Venables	Dr G W Davies/Dr J Spiro
South West	Dr R Philipp	Dr G M F Woodroof
West Midlands	Dr S C Sheard	Dr A S Robertson
Mersey	Dr S A Robson	Dr D H Wright
North West	Dr F C Page	Dr D G Menzies
Wales	Dr G Denman/Dr M G Tidley	Dr M G Tidley/Vacant
South Scotland	Dr A G Elder	Dr G M Fletcher
North Scotland	Dr M E Wright	Dr M M Watt
Northern Ireland	Dr A B Stevens	Dr W R Jenkinson
Navy	Dr C C Harling	Surg Capt M R Dean
		Surg Cdre N E Baldock
Army	Professor J M Harrington	Lt Col J P Owen
		Col R Thornton
Air Force	Dr U T Ferriday	Wg Cdr J Cartwright
		Gp Capt A C Wilcock
Middle East	Dr M S Newson-Smith	Vacant
South Africa	Dr S C P M Shearer	Dr M H Ross
Singapore	Professor J Jeyaratnam	Professor D S Q Koh

Representatives on other bodies

Academy of Medical Royal Colleges	Dr W J Gunnyeon
Health and Inequalities Forum	Dr I M Kennedy
Intercollegiate Working Lives Committee	Dr R D C Farman
Academy of Royal Colleges and Faculties in Scotland	Dr A M Leckie
British Medical Association	
Junior Doctors Committee	Dr J K Moore
Occupational Health Committee	Dr N F Davies
Civil Aviation Authority Aviation Medicine Forum	Dr R V Johnston
Conference of Postgraduate Medical Deans	
Flexible Training Working Group	President/Dr A M de Bono
Department of Health Standing Medical Advisory Committee	Dr W J Gunnyeon
European Union of Medical Specialists	Dr E B Macdonald
Health and Safety Executive Asthma Project Board	Dr P J Nicholson
Intercollegiate Academic Board of Sport and Exercise Medicine	Dr S C Sheard
Occupational and Environmental Medicine	
Editorial Board	Dr D C Snashall
Professional Organisations in Occupational Safety and Health	Dr A M de Bono/Dr P Litchfield
Occupational Physicians Reporting Activity Advisory Committee	Dr J T Carter
Royal College of Physicians of London Council	Dr W J Gunnyeon
Specialist Training Authority of the Medical Royal Colleges	Dr W J Gunnyeon
Implementation Group	Dr G Parker
Toxicology Liaison Officer	Dr M A Cooke

Representatives' Reports

Academy of Medical Royal Colleges Health and Inequalities Forum

The Health Inequalities Forum of the Academy of Royal Colleges meets three times a year and aims to promote the recognition of health inequality issues by all medical Royal Colleges and Faculties. The Forum views as one of its key functions the need to support a consensus statement on health inequalities agreed by all Colleges and does so by promoting a number of inter-collegiate projects and initiatives.

Over the past year the work of the Forum has focused on identifying what Colleges and Faculties are currently doing to raise awareness of health inequality issues within their particular specialty areas, as well as mapping any special activities currently underway or planned. Future work will try to capture, as part of a rolling programme, how each specialty presents its policies and plans to address health inequalities within their particular field. Work in progress is considering options for awareness raising initiatives and implications for training programmes, both at undergraduate and postgraduate level, including the feasibility of incorporating health inequality training in core curricula.

The Faculty of Occupational Medicine itself is leading an Academy Working Group examining 'return to work as a measure of successful outcome of any medical intervention'. The aim of this group is to explore how specialists view the importance of work to the health of their patients, and to consider how specialists might encourage and support patients to return to work.

The Faculty is currently preparing a position paper on health inequalities and work.

Ioanna Kennedy

Academy of Medical Royal Colleges Intercollegiate Working Lives Committee

The Faculty was represented on this Intercollegiate Improving Working Lives (IWL) Committee which was set up to represent the needs of doctors under the Department of Health's IWL initiative. The Department of Health (DoH) provided start up funds for the Committee and each of the medical Royal Colleges and Faculties were represented. The Committee was hosted by the Royal College of Surgeons of England and met on a quarterly basis.

Mr Eric Waters, Medical Director at Salisbury NHS Hospital, was appointed as the 'Improving Working Lives Champion for Doctors' and this part time post was funded by the DoH. A 'champion' was considered necessary to raise the profile of IWL and engage medical staff.

It was generally accepted that the views of doctors had not been well represented during early consultations on the IWL process; however the DoH had also found it difficult to engage with doctors. The Committee had direct links with the DoH representatives and used committee meetings to ensure good communication between the Colleges and Faculties and the Department.

In order to engage more doctors, the IWL Committee commissioned an on-line survey in spring 2004. Doctors were asked to choose their top five IWL factors from a list of thirty five diverse choices or to provide alternatives in free text. Demographic data was also collected.

The results of the survey entitled 'Improving Hospital Doctors Working Lives: on-line questionnaire survey of all grades' was published in the Postgraduate Medical Journal (2005: 81:49-54). The summary conclusions from that article stated: *Hospital doctors in the UK need more support to improve their working lives. The principal needs are better secretarial and managerial support for consultants; education, training and mentoring for junior doctors and staff and associate specialist grades; and improved opportunities to develop new skills for those in surgical specialties. Support with children is an important issue for female specialist registrars. The DoH, NHS Trusts, Deaneries, and Royal Colleges need to endorse policies that promote training and a working environment that will improve working lives for all hospital doctors, ensuring that appropriate and continuing support is available from the time doctors enter the new foundation programmes and proposed run-through grades, to their time spent as consultants in today's NHS.*

An Improving Working Lives for Doctors Conference was organised in December 2004 at the QEII Conference Centre in London, sponsored by the DoH. The conference was facilitated by the journalist and broadcaster, Nick Ross. Presidents from the Royal Colleges and Faculties were invited and it was a pleasure to welcome our own President, Dr Bill Gunnyeon.

The headline results from the IWL survey were presented and discussed. Plenary sessions followed which included team working and culture in the medical profession and how education and development can improve the working lives of doctors. Issues arising from these sessions were aired from the floor through a panel discussion. Breakout sessions followed and these covered: the changes and stresses that occur at the frontline in medicine, modernising medical careers, team working, factors in doctors lives that need addressing, how the medical profession in the UK can improve the experience of overseas doctors coming to the NHS, the skills mix in primary care, cohort studies of doctors careers and dealing with aggression and harassment from patients.

'Practice Plus' status will be awarded to Trusts which have achieved the IWL standards across the entire organisation, including doctors' staff groups. Several schemes available to doctors feed into the IWL – the Flexible Careers Scheme, Flexible Training Options, Flexible Retirement and Flexible Working Options as well as child care strategies to encourage doctors with children to come back to work.

The work of the Intercollegiate IWL Committee is planned to continue on through 2005.

Robin Farman

British Medical Association (BMA) Occupational Health Committee

The BMA Occupational Health Committee convenes every four months and aims to advise the Association on health, safety and welfare matters impacting on members in their working environment. Naturally a major focus is on the problems and hazards faced by GPs, medical students and doctors and fellow health professionals working in the NHS. Wide ranging discussions cover everything from patient safety to blood borne virus screening protocols. Key topics addressed during the year included MRSA and hand hygiene, sickness certification with increasing emphasis on self certification, screening of medical students, non latex gloves and needlestick injuries. Other work in hand or completed included revision of the Occupational Physician booklet and the Occupational Physician Salary Supplement. Five or six members of the Committee are selected each year to attend as delegates to the Annual Representative Meeting (ARM) so as to ensure that any occupational health motions tabled are duly considered, debated and eventually referred on to the committee for action if carried through.

Neil Davies

Civil Aviation Authority (CAA) Aviation Medicine Forum

This Forum meets bi-annually in order to improve communication in liaison with key stakeholders in the pilot, airline and air traffic community. The main developments during 2004 in the Medical Division were:

- **Authorised Medical Examiner (AME) on-line project:** this transition to electronic data management of the medicals carried out by our AMEs throughout the country is progressing and some 17% of medicals were loaded on-line up to December 2004. This approach enhances the quality of the data submitted and allows our authorised medical examiners to see the full previous medical history of the individual they are examining. The challenge is to achieve the majority of examinations coming on-line by 2006.
- **Passenger health:** the Aviation Health Unit, headed by Dr Annette Ruge, was extremely active during 2004 addressing significant issues such as cabin air quality, cabin air contaminants, deep venous thrombosis and on board medical equipment. In addition the prevention of infectious disease, such as SARS and its management, was addressed. Research has been co-ordinated in relation to possible organophosphates on the flight deck and there is no evidence that there is an issue with these compounds.
- **Alcohol and drugs:** in 2004 one pilot was charged under The Railways and Transport Safety Act for being above the alcohol limit while on duty. The issue of policy on any return to flying of these individuals is currently being formulated.
- **National PPL:** this licence, whose medical standards are linked to those of the DVLA, continues without significant problems. To December 2004, 2,105 licences were issued.
- **European, Aviation Safety Agency (EASA):** the Agency came into being on 20 September 2003 and comes under the umbrella of the European Commission and thus has authority under European Law. Initially it will be involved in type certification of aircraft and is based in Cologne. Progress has been slow but it is likely that medical certification of pilots will come under its umbrella in 2006/2007. It is also probable that the responsibility for the certification will be devolved to the National Aviation Authorities.

- **Appraisal and revalidation for Authorised Medical Examiners:** continuing medical education is important for the Authorised Medical Examiner network but the precise format of revalidation is currently on hold pending advice from the General Medical Council (GMC) following the Chief Medical Officer's Review. An Educational Symposium was held on 16 and 17 October 2004 with approximately 150 attendees. The topics covered included revalidation, computer reading of ECGs and the legal liability of authorised medical examiners. The evaluation from the delegates was extremely positive and the Symposium will be repeated in approximately 3 years.
- **Development within Europe:** under the Joint Aviation Regulations (JAR) medical standards have been harmonised throughout Europe and regular meetings of the medical committee are held to ensure that medical standards keep pace with developments and research in the general medical community.

The United Kingdom has continued to press for an evidence based approach and this has resulted in the removal of the electroencephalogram (EEG) requirement for initial pilot medicals.

Raymond Johnston

Conference of Postgraduate Medical Deans (CoPMED) Flexible Training Working Group

There have been no meetings of this group during 2004.

Anne De Bono

European Union of Medical Specialists (EUMS)

The Section of Occupational Medicine met twice in 2004 and 2005 in Hamburg and Modena. I hold the Presidency with Reinhard Jager from Austria as Secretary, and Andy Slovak as Treasurer. It also organised a parallel session of the 12th congress of the International Commission on Occupational Health (ICOH) Scientific Committee "Health Service Research and Evaluation in Occupational Health" on the subject of "Improving the Effectiveness of Occupational Physicians in Europe". This session had presentations on the challenges and opportunities facing occupational medicine in Europe, a survey of training of specialists in Europe, quality assurance, development of 'the Vision' and workshops. As a consequence of this session the section was invited to organise an EUMS symposium at the Milan ICOH conference.

A sub-group of the EUMS section explored the quality and peer audit system developed in Germany and which our German colleagues are willing to share across Europe. The sub-group is considering the development of this physician-based service peer review system for use elsewhere in Europe, and will be bringing proposals to a future EUMS meeting.

The section has agreed a Vision statement for occupational medicine in Europe which can be used in discussion with EU and other organisations.

A major topic in the section's discussions during the past year has been the lack of standardisation of specialist training across Europe. While there is agreement about the core competencies and the length of training, there is no consistency in the nature of

training or its evaluation. As a consequence of this, Ewan Macdonald and his team at the University of Glasgow have bid for funding under the Leonardo da Vinci programme for a project entitled "Developing a Common Assessment of Skills and Competencies of Specialist Occupational Physicians across Europe". Twelve countries have agreed to participate and the Faculty will play a major part. There is considerable enthusiasm in the academic occupational medicine community across the EU for this project and a preliminary meeting was held at Heathrow in January of this year at representatives' own expense. The project proposes to survey existing assessment methodologies of doctors exiting specialist training; establish a working group of academic bodies to develop a common assessment instrument which countries could choose to use as part of their assessment of trainee specialists. The project will pilot this instrument and aim to establish a permanent network of academic institutions across Europe. Dame Professor Lesley Southgate, who developed the performance assessment methodology for the UK General Medical Council (GMC) and is the Chair of the Training and Assessment Committee of the Postgraduate Medical Training and Education Board, has agreed to be the external advisor for this project.

The above project is being organised with the full support of the European Association of Schools of Occupational Medicine (EASOM) and we are pleased that John Harrison, President of EASOM, has been able to attend EUMS section meetings.

Attendance at our EUMS Section meetings has increased with up to 18 countries being represented at section meetings.

Since its formation in 1996, at the instigation of the UK and Ireland, the section has made considerable progress and the UK Faculty of Occupational Medicine has played an active role in various developments.

Ewan Macdonald

Health and Safety Executive (HSE) Asthma Project Board

The Asthma Project Board (APB) is a partnership board created by HSE to support the Health and Safety Commission's target to reduce asthma caused by substances at work by 30% by 2010. The Board's main objectives are to produce strategic ideas on reducing the incidence of occupational asthma and to champion the cause of reducing asthma caused by and made worse by work. A major APB supported activity was the British Occupational Health Research Foundation (BOHRF) 'gold standard' evidence based guidelines for the prevention, identification and management of occupational asthma, launched in London on 14 September and in Glasgow on 22 September. Collaboration is key and the Scottish Group of the Society of Occupational Medicine (SOM) held its AGM at the same venue following the conference.

As a further collaboration supporting the APB's aims, the BMA Occupational Health Committee submitted successful motions at the BMA Annual Representative Meeting that the NHS Executive and all health trusts must implement robust risk management strategies to ensure that no health worker develops asthma or any other allergy to latex or to glutaraldehyde, and called upon the Medicines and Healthcare Products Regulatory Agency and the NHS

Purchasing and Supplies Agency to publish definitive, evidence based guidance on the use of non-latex gloves and devices which can be applied consistently throughout the health services.

Major outbreaks of occupational asthma still occur and the APB was informed of an outbreak of asthma type symptoms at Powertrain in the West Midlands. The average annual incidence of occupational asthma reported in 2004, pertaining to the three years 2001-2003, was 656.

Paul Nicholson

Intercollegiate Academic Board of Sport and Exercise Medicine (IABSEM)

The Intercollegiate Academic Board of Sports and Exercise Medicine (IABSEM) continues to manage the Diploma in Sports and Exercise Medicine. Examination diets are held twice a year and rotate through England, Scotland and Ireland. The Medical and Dental Defence Union of Scotland (MDDUS) has advised they will provide cover for doctors pursuing sports and exercise medicine practice but only if they hold the IABSEM Diploma. Following a successful meeting hosted by the Minister for Sport in March 2003 a case has been developed for Sports and Exercise Medicine. Significant support has been received from the Department for Culture, Media and Sport and the Department of Health (DoH). The relevant documentation has been forwarded to the DoH in accordance with their recommendations. The Faculty supports this venture which is planned to increase the health and wellbeing of the general public as well as providing support for elite athletes. For the latter group, of course, sports and exercise medicine is nothing more than their normal occupational medicine.

Simon Sheard

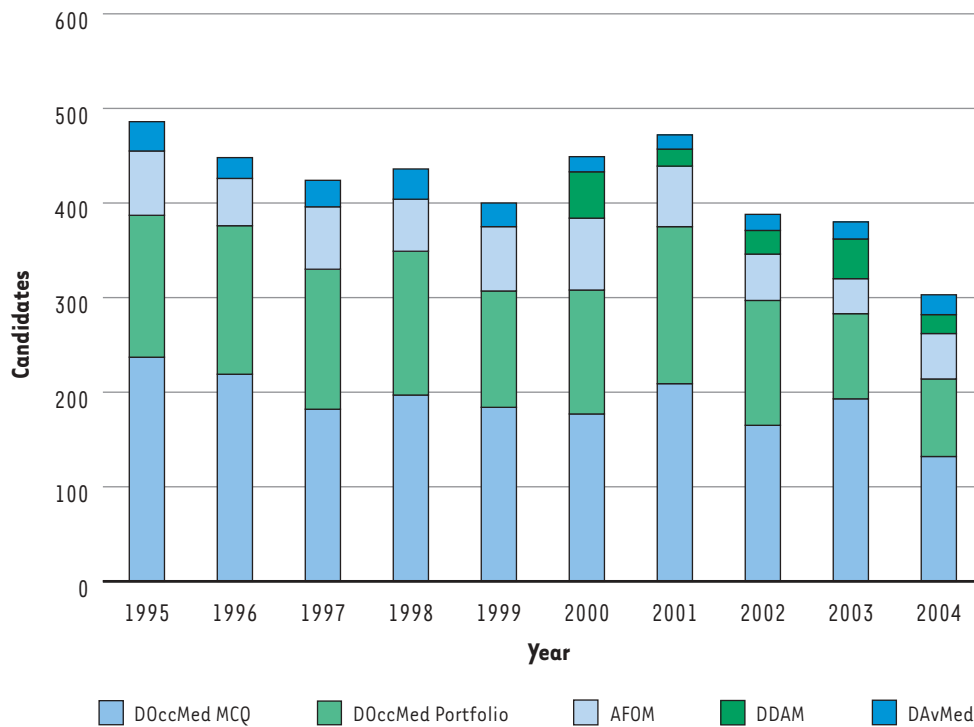
Professional Organisations in Occupational Safety and Health (POOSH)

This multi-disciplinary umbrella group continues to meet 3 times per year with the purpose of sharing information among organisations committed to the provision of safe and healthy working environments. During 2004 I took over from Anne de Bono as Faculty representative but she continued to deputise for me in my absence. Concerns that the group might be seeking to develop into a representative organisation have been assuaged and clarity of purpose has been achieved.

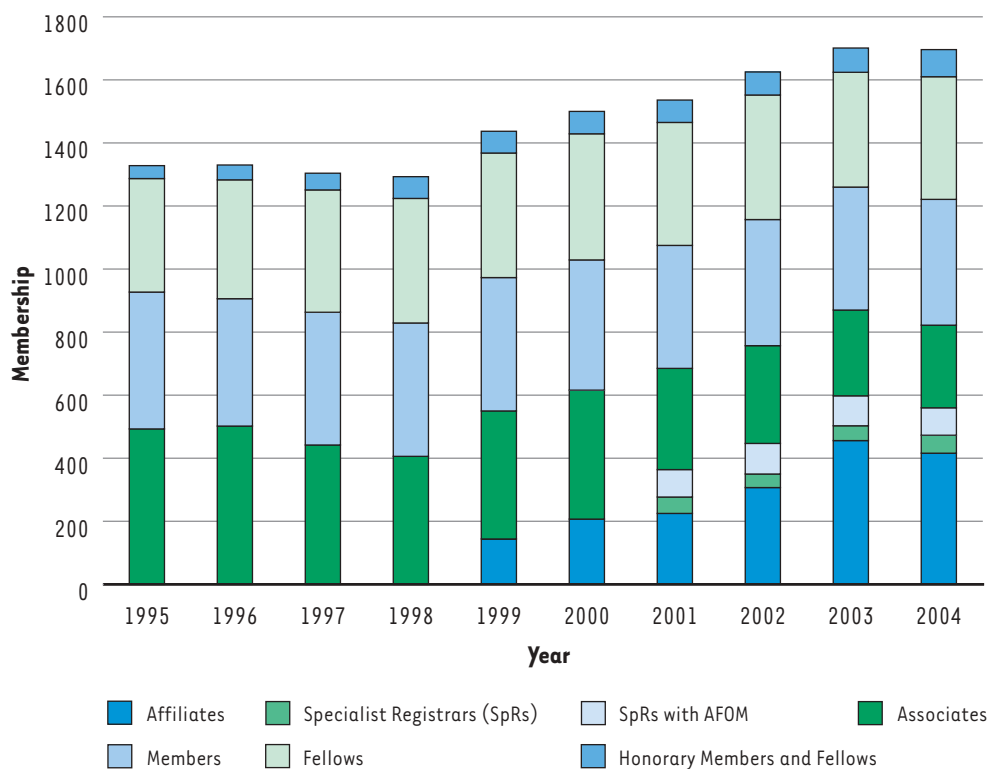
The POOSH website is now established at www.poosh.org and contains links to the partner sites as well as information on recent issues discussed. A matrix of member organisations' priorities and interests has been produced to facilitate cooperative working. A meeting of member organisations to discuss communications issues has been held and work is ongoing to develop with the Health and Safety Executive (HSE) the business case for effective occupational health and safety. A simple competencies guide is in preparation to assist businesses, especially Small and Medium Enterprises (SMEs), in identifying the appropriate expertise when faced with a health and safety issue.

Paul Litchfield

Numbers of examination candidates by year



Membership by grade by year



Annex 2**Award of Fellowship for 2004**

L A Adishes
 J Cartwright
 A M de Bono
 G Denman
 A J Emslie
 T I Evans
 R D C Farman
 A M Finn
 D F Gallagher
 L G Holden
 M Kinouly
 S Lloyd
 D G Menzies
 M S Newson-Smith
 C D Payton
 A Rossiter
 C Sharp
 A N Williams

Honorary

Professor J G Ayres
 Professor C A Black
 Professor C L Cooper
 Professor J J K Jaakkola
 Dr M Jennings

Annex 3**Award of Membership for 2004**

B G Anderson
 S Austin
 D G Beaumont
 L Bell
 T J Cattermole
 S J Chambers
 R F Cordell
 S Dar
 M F Dyer
 D P Fox
 F H Fox
 P V Goldsmith
 H E Griffith
 S J Harvey
 M T Hilditch
 S J Hunt

Z Iqbal
 T Jagathesan
 J F Leonard
 R M C McNeill Love
 P S Milne
 N J Noon
 I T Owen
 A N C Reid
 S M Ryan
 S Sawhney
 C T B Vivian
 H P Watson
 L J Wright
 N J Yarnell
 E S M Ziegler

Winner of the 2004 Peter Taylor Award
 (for the best dissertation submitted):
Dr P S Milne

Annex 4**Award of Associateship for 2004****January 2004 Examination**

L A Crawford
 M A Critchley
 S H Gibson
 M K M Greasley
 M D Greyling
 S Haq
 I D H King
 G A Martell
 D C McLoughlin
 L Ogunyemi
 S J Phillips
 K Pratt
 D R C Roomes
 M D Turner
 T Whitton
 R E W Williams

June 2004 Examination

R Archer
 L Batty
 J A Damerell
 K A A Gibson
 H S Giridhar
 L A Goundry
 A Jiwany
 P W J McIlroy
 D M J Mills
 R M Nisbet
 J W P Preston
 M S K Roy
 K K Sarangi
 A K Skidmore
 J H Sterland
 P A Williams

No of candidates sitting: 24
No of candidates passing: 16
Passing percentage: 67%

No of candidates sitting: 23
No of candidates passing: 16
Passing percentage: 70%

Winner of the 2004 William Taylor Memorial Prize
 (for the highest overall score):
Dr M K M Greasley

Annex 5**Award of Diploma in Occupational Medicine for 2004****May 2004 Examination**

H Abaecheta
 S Ahmed
 K R Alsop
 B Aubrey
 P Barley
 P A Callender
 S Carman
 B P Cheesman
 J E Chevassut
 S E Clugston
 M B Dalton
 G S Davies
 S M Daykin
 A Douglas
 J Efstratiou
 S A Fisher
 T M Gray
 N Greenberg
 M S Hamilton
 P A Hetherington
 A J Holdcroft
 W F Holmes
 R S Johnston
 S E Jukes
 N K Kang
 J A Kavanagh
 S E Kenward
 M Khattak

K N Kriesel
 T D Lester
 R K Lotay
 J M Lyon
 S Macanovic
 P J E Mace
 R R Massie
 S B Mathers
 B T McCarthy
 E E McGrath
 D J McKie
 D W J Miller
 U J Mulgrew
 H S Narula
 S C Natin
 K N Phipps
 D F J Poots
 F O Rahim
 C J Redgment
 H C D T R Robinson
 J Sarangi
 H Sherwood
 I K-H Torbohm
 M Tsolakis

No of candidates sitting: 56
No of candidates passing: 52
Passing percentage: 93%

Annex 5 cont**Award of Diploma in Occupational Medicine for 2004****November 2004 Examination**

R M Adams	B A Kerr
S M Ahmed	C A Mason
C W R Anandan	C S Mutalik
M S Andrews	E H P Morris
D C Bennis	B M Penfold
J T Bush	A J Rogers
P B Clark	M O Tarakji
S Clohosey	D I Walsh
S Court	A E Ward
D M Fadden	
N C Frew	
J Groves	<i>No of candidates sitting: 25</i>
C Jewell	<i>No of candidates passing: 23</i>
I Kennedy	<i>Passing percentage: 92%</i>

Winners of the 2004 AstraZeneca Prizes
(for the highest overall score)

Dr P A Callender
Dr A J Holdcroft
Dr R S Johnston

Annex 6**Award of Diploma in Disability Assessment Medicine for 2004**

F Akinloye	M J O'Donnell
S Gerke	S D Shalom
M E Hallam	
D S Haynes	<i>No of candidates sitting: 10</i>
S P McAndry	<i>No of candidates passing: 8</i>
B McKillop	<i>Passing percentage: 80%</i>

Winner of the 2004 Corporate Health Prize
(for the best performance in the examination)

Dr D S Haynes

Annex 7**Award of Diploma in Aviation Medicine for 2004**

M D R Alam	J Pitts
S K Al-Falasi	B C B Tan
G R Austin	T C-C Teoh
S A Chapple	A H P Wee
G V Hampson	H K C Yeo
M J Hill	
C R Hunter	
M B H Ismail	<i>No of candidates sitting: 21</i>
T Koureta	<i>No of candidates passing: 15</i>
K E Manderson	<i>Passing percentage: 71 %</i>

Winner of the 2004 Stewart Memorial Prize
(for the best examination performance)

Dr K E Manderson

Winner of the 2004 British Airways Harrison Memorial Prize
(for being the best student on the DAvMed course whose
mother tongue is not English, judged on performance in both
course and examination)

Dr T Koureta

Annex 8

Accounts for the year ended 31 December 2004



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Independent Auditors' Report	33
Statement of financial activities	35
Balance sheet	36
Notes to the Financial Statements	37



Registered office and advisors

Registered Office: 6 St Andrew's Place
Regents Park
London
NW1 4LB

Bankers: Lloyds TSB
190 Great Portland Street
London
W1A 4LN

Bank of Scotland International Limited
31-33 New Street
St Helier
Jersey
Channel Islands
JE4 8YW

Solicitors: Speechly Bircham
6 St Andrew's Street
London
EC4A 3LX

Auditors: Kingston Smith
Devonshire House
60 Goswell Road
London
EC1M 7AD

Report of the Board of the Faculty

The Board of the Faculty is pleased to present its report for the year ended 31 December 2004.

The Board confirms that the annual report and financial statements of the charity comply with current statutory requirements, the requirements of the charity's governing document and the provisions of the Statement of Recommended Practice (SORP) "Accounting and Reporting by Charities" issued in October 2000.

Legal and administrative details

The Faculty of Occupational Medicine was set up under standing orders adopted on 1 March 1978 and is a registered charity number 1035415.

Objectives

Its objects are:

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

There are no restrictions in the Standing Orders on the power to invest or concerning the ways in which the Faculty can operate.

Review of development

The principal policies and developments are set out in the reports of the President, Registrar, Academic Dean, Training Dean, Assistant Registrar, Chief Executive, Board Representatives of Scotland, Wales, Northern Ireland and Specialist Registrars, the CPD Director and Chief Examiner.

Financial review and reserves policy

A full financial review is set out in the report of the Treasurer. As explained in that report, the policy of the Board is to accumulate a free reserve equivalent to six months expenditure, building this up over the next five years. This reserve will allow expected circumstances to be faced without the risk of financial ruin. The Board has also determined to designate a capital fund which represents amounts equivalent to the value of the investment portfolio and the related accrued income. This capital fund was designated in 2000 and is intended to allow appropriate provision to be made for the cost of accommodation once the rent-free period, generously provided by the Royal College of Physicians, expires in 2010. At the year-end, the Board considered that it had free reserves of £125,459 and a capital fund currently valued at £282,788. The Board will annually reconsider the adequacy of these levels of reserves in the light of future plans.

Investment policy

It is the policy of the Board to invest the capital reserve, mentioned above, for capital growth on a medium risk basis. Cash balances in excess of immediate requirements are deposited in higher interest rate accounts.

Internal controls and risk

The trustees have overall responsibility for ensuring that the charity has appropriate systems of controls, financial and otherwise. They are also responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the charity. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities and to provide reasonable assurance that:

- the charity is operating efficiently and effectively;
- its assets are safeguarded against unauthorised use or disposition;
- proper records are maintained and financial information used within the charity or for publication is reliable;
- the charity complies with relevant laws and regulations.

The systems of internal control are designed to provide reasonable but not absolute, assurance against material misstatement or loss. They include:

- a strategic plan and an annual budget approved by the trustees;
- regular consideration by the trustees of financial results, variance from budgets, and non-financial performance indicators;
- delegation of authority and segregation of duties;
- identification and management of risks.

The trustees have, with advice from their auditors, introduced a formal risk management policy to assess business risks and implement risk management strategies. This involved identifying the types of risks the charity faces, prioritising them in terms of potential impact and likelihood of occurrence and identifying means of mitigating the risks. The trustees are pleased to report that provisions are in place to mitigate the risks considered to be potentially the most major. Policies relating to the implementation of the risk management are reviewed annually and procedures are in place to monitor risks on an ongoing basis.

Members of the Board

The Board is elected by the membership in accordance with the Standing Orders; details of members are set out separately.

Address and advisors

The principal address of the Faculty and the principal advisors to the Faculty are set out separately.

Approved by the Board on 6 April 2005 and signed on its behalf by:

Treasurer: Dr P Litchfield FRCP FFOM

President: Dr W J Gunnyeon FRCP FFOM FRCGP DIH

Statement of the Board's responsibilities

The Charities Act 1993 requires the Board (as trustees) to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the Faculty and of its financial position for that period. In preparing those financial statements, the Board is required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis, unless it is inappropriate to presume that the Faculty will continue in business.

The Board is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Faculty and ensure that the financial statements comply with the applicable laws. The Board is also responsible for safeguarding the assets of the Faculty and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The Board is responsible for ensuring that the Report of the Board of the Faculty (and other information in the annual report) is prepared in accordance with charity law in the United Kingdom.

Independent Auditors' Report to the Board of The Faculty of Occupational Medicine

We have audited the financial statements of The Faculty of Occupational Medicine for the year ended 31 December 2004 which comprise the Statement of Financial Activities, the Balance Sheet and related notes. These financial statements have been prepared under the historical cost convention, as modified by the revaluation of investment assets and the accounting policies set out therein.

This report is made solely to the Board of The Faculty, who are the trustees of The Faculty, as a body, in accordance with regulations made under section 43 of the Charities Act 1993. Our audit work has been undertaken for no purpose other than to draw to the attention to the Board of The Faculty those matters which we are required to include in an auditor's report addressed to them. To the fullest extent permitted by law, we do not accept or assume responsibility to any party other than the charity and the charity's trustees as a body, for audit work, for this report, or for the opinion we have formed.

Respective responsibilities of the Board of The Faculty and auditors

The Board of the Faculty's responsibilities for preparing the Annual Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards are set out in the Statement of the Board's Responsibilities.

We have been appointed as auditors under section 43 of the Charities Act 1993 and report in accordance with regulations made under section 44 of that Act. Our responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and United Kingdom Auditing Standards.

We report to you our opinion as to whether the financial statements give a true and fair view and are properly prepared in accordance with the Charities Act 1993. We also report to you if, in our opinion, the Report of the Board of the Faculty is not consistent with the financial statements, if the Faculty has not kept proper accounting records, or if we have not received all the information and explanations we require for our audit.

We read other information contained in the Report of the Board of the Faculty and consider whether it is consistent with the audited financial statements. We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with the financial statements. Our responsibilities do not extend to any other information.

Basis of audit opinion

We conducted our audit in accordance with United Kingdom Auditing Standards issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements. It also includes an assessment of the significant estimates and judgements made by the Board of the Faculty in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Faculty's circumstances, consistently applied and adequately disclosed.

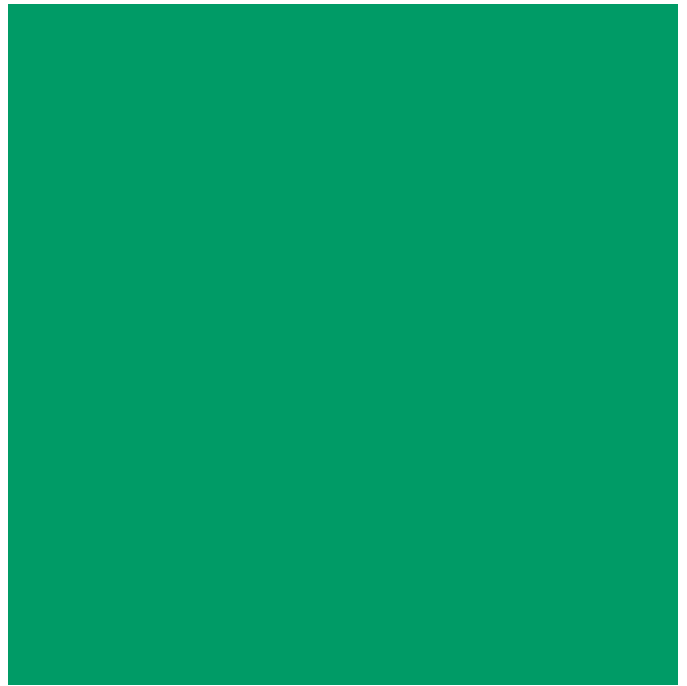
We planned and performed our audit so as to obtain all the information and explanations which we considered necessary in order to provide us with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming our opinion we also evaluated the overall adequacy of the presentation of information in the financial statements.

Opinion

In our opinion the financial statements give a true and fair view of the state of the Faculty's affairs as at 31 December 2004 and of its incoming resources and application of resources in the year then ended and have been properly prepared in accordance with the Charities Act 1993.

Devonshire House
60 Goswell Road
London EC1M 7AD
Date: 11 April 2005

Kingston Smith
Chartered Accountants
and Registered Auditors



Healthcare is about returning patients to good health, and that includes getting them back to work. Health professionals, wherever they work, need to start from the point of view that getting people back to work is likely to benefit their long-term health. Return to work must be seen as the norm and, where appropriate, should be included in treatment plans from the outset.

— Department of Health (from **Choosing Health** Making healthy choices easier)



Statement of financial activities

Year ended 31 December 2004

	Note	Unrestricted funds		Restricted Funds £	2004 Total £	2003 Total £
		Designated Funds £	General Funds £			
Incoming resources						
Donations						
Grants received	2	–	–	72,709	72,709	76,223
Donations	2	–	–	3,306	3,306	50
Gifts in kind		–	–	–	–	4,473
Activities to further the charity's objects						
Subscriptions		–	283,336	–	283,336	273,149
Qualification fees		–	142,605	–	142,605	161,136
Publications		–	16,207	–	16,207	9,140
Other income		–	16,431	–	16,431	23,157
Conferences and events		–	109,055	–	109,055	53,857
Investment income and interest						
Bank interest		–	9,247	2,564	11,811	13,140
Investment income		8,520	–	–	8,520	7,824
Total incoming resources		8,520	576,881	78,579	663,980	622,149
Resources expended						
Costs of activities in furtherance of						
The charity's objects	3	40	208,060	71,725	279,825	230,700
Membership support costs	4	–	288,524	–	288,524	268,188
Management and administration	5	–	120,890	–	120,890	105,198
Total resources expended		40	617,474	71,725	689,239	604,086
Net (outgoing)/incoming resources for the year		8,480	(40,593)	6,854	(25,259)	18,063
Other recognised gains						
Unrealised gain on investments	9	18,989	–	–	18,989	40,378
Net movements in funds for the year		27,469	(40,593)	6,854	(6,270)	58,441
Funds as at 1 January 2004		258,371	171,277	103,879	533,527	475,086
Funds as at 31 December 2004		285,840	130,684	110,733	527,257	533,527

All income has been generated from continuing operations.

All recognised gains are included in the Statement of Financial Activities.

Balance sheet

31 December 2004

	Note	2004		2003	
		£	£	£	£
Fixed Assets					
Tangible fixed assets	8		5,225		15,928
Investments	9		<u>282,788</u>		<u>255,429</u>
			288,013		271,357
Current Assets					
Stocks	10	16,114		3,795	
Debtors	11	49,092		105,348	
Cash on deposit		301,603		316,466	
Cash at bank and in hand		<u>21,690</u>		<u>35,406</u>	
		388,499		461,015	
Creditors:					
Amounts falling due within one year	12	<u>(149,255)</u>		<u>(198,845)</u>	
Net Current Assets			<u>239,244</u>		<u>262,170</u>
Net Assets			<u>527,257</u>		<u>533,527</u>
Represented by:					
Unrestricted funds					
General funds		130,684		171,277	
Designated funds	14	<u>285,840</u>		<u>258,371</u>	
			416,524		429,648
Restricted funds	15		<u>110,733</u>		<u>103,879</u>
Total funds	16		<u>527,257</u>		<u>533,527</u>

Approved by the Board on 6 April 2005 and signed on its behalf:

Treasurer: Dr P Litchfield FRCP FFOM

President: Dr W J Gunnyeon FRCP FFOM FRCGP DIH

Notes to the Financial Statements

Year ended 31 December 2004

1 Accounting policies

The principal accounting policies applied in the preparation of the financial statements of the Faculty are described below:

(a) **Accounting convention**

The financial statements have been prepared under the historical cost convention, as modified by the inclusion of fixed asset investments at market value, and follow the recommendations in 'Accounting and Reporting by Charities: Statement of Recommended Practice' issued in October 2000 ('SORP 2000').

The presentation of some comparative figures has been amended in the interests of better clarity.

(b) **Fixed assets**

Individual fixed assets costing £1,000 or more are capitalised at cost.

Depreciation is charged so as to write off the cost of an asset over its expected useful life. Depreciation is calculated on each class of asset as follows:-

Office equipment – 33.33% straight line

Fixtures & fittings – 20% straight line

(c) **Income**

Income from subscriptions is accounted for on an accruals basis. Any income relating to future periods is included in deferred income.

Income in respect of grants, appeals and donations is recognised upon a receivable or received basis whichever is the earlier.

Income from examinations is recognised on the date the examination takes place and where received in advance is treated as deferred income.

(d) **Stock**

Stock is stated at the lower of cost and net realisable value.

(e) **Operating leases**

Instalments under operating lease agreements are charged to the Statement of Financial Activities account in the year in which they are incurred.

(f) **Investments**

Investments are included at market value.

Unrealised gains and losses on investments arising in the year are included in the Statement of Financial Activities account at 31 December 2004.

(g) **Pensions**

Contributions are made on behalf of certain employees into their individual personal pension plans. Amounts are charged to the Statement of Financial Activities as incurred.

(h) **Funds**

Unrestricted general funds are funds which the Board can use at their discretion in accordance with the objects of the Faculty. The Trustees have designated part of this sum as a capital fund, equal to the value of the investments which are to be used to ensure the future of the Faculty.

Restricted funds are funds which must be used for specific purposes in accordance with the donors' wishes.

(i) **Basis of allocation of costs**

Staff costs are allocated based on the amount of time individuals dedicate to carrying out specific functions of the Faculty.

Office costs are allocated 80:20 between support costs and management and administration respectively on the basis of staff time.

All other costs are allocated on a specific basis.

(j) **Expenditure**

Activities in furtherance of the Faculty's objects include costs relating to examinations, memberships and education and training.

Membership support costs comprises overheads identified as an integral part of providing services to the membership.

Management and administration includes specific overhead costs relating to the administration of the Faculty.

Notes to the Financial Statements

Year ended 31 December 2004

2 Grants and donations received

	Total 2004 £	Total 2003 £
Grants received		
Department of Health – Training grant	3,024	30,118
BT – Annual Report	2,500	–
Silver Jubilee grants	2,000	9,700
EEF – HAVS	20,000	20,000
British Occupational Health Research Foundation – HAVS	25,185	16,405
Mobbs Travelling Fellowship	20,000	–
	72,709	76,223
Donations		
Wilf Howe Fund	3,306	–
Miscellaneous donations	–	50
	3,306	50

3 Activities in furtherance of the charity's objects

	Unrestricted £	Restricted £	Total 2004 £	Total 2003 £
Qualification and training costs	39,921	3,178	43,099	39,465
Journal and annual report costs	80,150	2,500	82,650	79,765
Publication costs	1,047	58,944	59,991	40,670
Meeting costs	28,140	2,000	30,140	27,253
Lecture costs	–	–	–	865
Research fellowship	–	5,103	5,103	–
Conferences and events	58,842	–	58,842	38,209
Gift in kind	–	–	–	4,473
	208,100	71,725	279,825	230,700

4 Membership support costs

	Unrestricted £	Restricted £	Total 2004 £	Total 2003 £
Salaries and office costs	257,158	–	257,158	237,877
Subscriptions	13,809	–	13,809	14,854
Premises costs	17,557	–	17,557	15,457
	288,524	–	288,524	268,188

5 Management and administration

	Unrestricted	Restricted	Total	Total
	£	£	2004	2003
			£	£
Salaries and office costs	64,289	–	64,289	50,773
Audit	4,377	–	4,377	6,500
Amounts paid to auditors for other services	800	–	800	3,380
Accountancy	7,063	–	7,063	6,984
Legal fees	13,318	–	13,318	7,680
Financial costs	2,395	–	2,395	1,785
Insurance	11,928	–	11,928	10,658
Premises costs	4,389	–	4,389	3,864
Meeting costs	1,628	–	1,628	3,696
Depreciation	10,703	–	10,703	9,878
	120,890	–	120,890	105,198

6 Staff costs

	2004	2003
	£	£
Wages and salaries	209,662	192,721
Social security costs	22,015	19,552
Pension costs	11,765	10,604
	243,442	222,877
The average number of employees during the year was:	7	7

The emoluments of one member of staff, including benefits in kind, are within the range of £50,000 to £59,999 (2003: the same).

The pension contributions made for that member of staff amounted to £5,100 (2003 – £4,725).

7 Remuneration of trustees

The Trustees did not receive remuneration during the year for their services (2003: nil)

16 Trustees were reimbursed for expenses incurred in relation to Faculty business amounting to £8,661 (2003: 13 Trustees – £8,828).

Notes to the Financial Statements

Year ended 31 December 2004

8 Tangible fixed assets

	Fixtures and fittings £	Office equipment £	Total £
Cost			
At 1 January 2004 and 31 December 2004	14,331	29,761	44,092
Depreciation			
At 1 January 2004	10,924	17,240	28,164
Charge for year	1,140	9,563	10,703
At 31 December 2004	12,064	26,803	38,867
Net book value			
At 31 December 2004	2,267	2,958	5,225
At 31 December 2003	3,407	12,521	15,928

9 Investments

	2004 £	2003 £
Quoted investments		
At 1 January	255,429	207,227
Additions	8,370	7,824
Unrealised gain on revaluation of investments	18,989	40,378
At 31 December	282,788	255,429
Historical cost	250,000	250,000

Investments consist of 86,851.2225 units in Schroders Charity Equity Fund

10 Stocks

	2004 £	2003 £
Stocks comprise:		
Publications for resale	16,114	3,795

11 Debtors

	2004 £	2003 £
Accrued income	25,789	72,755
Other debtors	9,257	8,611
Prepayments	14,046	23,982
	49,092	105,348

12 Creditors

	2004 £	2003 £
Amounts falling due within one year:		
Trade creditors	6,932	24,463
Accruals	49,038	49,733
Deferred income – examination fees received in advance	11,384	14,580
– subscriptions in advance	71,593	68,486
– conferences and events	–	31,665
– other	–	2,436
Tax and social security due (PAYE)	8,548	5,355
VAT due	1,760	2,127
	149,255	198,845

13 Deferred income

	Examination fees £	Subscriptions £	Events £	Other £	Total £
Balance at 1 January 2004	14,580	68,486	31,665	2,436	117,167
Amount released to incoming resources	(14,580)	(68,486)	(31,665)	(2,436)	(117,167)
Amount deferred in the year	11,384	71,593	–	–	82,977
Balance at 31 December 2004	11,384	71,593	–	–	82,977

14 Designated funds

	As at 1 January 2004 £	Incoming Resources £	Gains on investments £	Resources expended £	As at 31 December 2004 £
Capital fund	255,429	8,520	18,989	–	282,938
Examiner training	2,942	–	–	(40)	2,902
	258,371	8,520	18,989	(40)	285,840

The Capital Fund was designated in 2000 and represents amounts equivalent to the value of the investment portfolio, and related accrued income. These investments are held to ensure the future of the Faculty.

The Examiner Training Fund was designated to cover the future costs of training examiners.

Notes to the Financial Statements

Year ended 31 December 2004

15 Restricted funds

	As at 1 January 2004 £	Incoming Resources £	Interest allocation £	Resources expended £	As at 31 December 2004 £
Good Practice Guidelines Funds					
Esso Publications Fund	13,590	–	334	–	13,924
UNUM Fund	6,211	–	153	–	6,364
HAVS Project Fund	3,646	45,185	–	48,831	–
Lecture Funds					
Donald Hunter Lecture	2,650	–	65	–	2,715
Ernestine Henry Lecture	2,476	–	61	–	2,537
Esso Research Fellowship Funds	71,280	–	1,629	10,113	62,796
William Taylor Memorial Fund	3,269	–	79	154	3,194
Shell Fellowship	757	–	19	–	776
Department of Health – Training grants	–	3,024	–	3,024	–
BT Annual Report	–	2,500	–	2,500	–
Wilf Howe Fund	–	3,306	41	–	3,347
Mobbs Travelling Fellowship	–	20,000	183	5,103	15,080
Silver Jubilee grants	–	2,000	–	2,000	–
	103,879	76,015	2,564	71,725	110,733

Esso Publications Fund provides for the publishing of standards of practice of occupational medicine.

UNUM Fund provides resources to fund the production of the 'Return to Work' series.

HAVS Project Fund was provided to cover further work carried out by the Faculty of Occupational Medicine and the British Occupational Health Research Foundation on inter-professional evidence based guidelines in occupational health and was used to pump prime the production of guidance on Hand-Arm Vibration Syndrome (HAVS).

Donald Hunter Lecture provides funds for the costs incurred in connection with a biennial lecture given in his memory.

Ernestine Henry Lecture endows a lecture in memory of Mrs Ernestine Henry to be delivered at least once every three years.

Esso Research Fellowship Fund comprises a number of annual donations, received up to 2001, which have been pooled to fund one or more projects. The Board continues to assess applications for suitable projects to fund. During the year permission was given to fund the Faculty's Silver Jubilee publication.

The William Taylor Memorial Fund is for a specific award.

Shell Fellowship provides for the implementation of training facilities.

Department of Health Training Grant provides funding towards the Faculty's costs in supporting Higher Specialist Training in Occupational Medicine in the NHS.

BT provided a grant as a contribution towards funding the Faculty's Annual Report.

Wilf Howe fund was set up to provide a memorial to Dr Wilf Howe.

Mobbs Fellowship Fund was set up to provide a travelling fellowship of £10,000 per year over three years.

Silver Jubilee grants represent amounts given in the year to fund events held to mark the Silver Jubilee of the Faculty.

16 Analysis of net assets between funds

The net assets are held for the various funds as follows:

	Unrestricted		Restricted £	Total £
	Designated £	General £		
Tangible fixed assets	—	5,225	—	5,225
Investments	282,788	—	—	282,788
Net current assets	3,052	125,459	110,733	239,244
	285,840	130,684	110,733	527,257

17 Operating lease commitments

The Faculty had an annual commitment in respect of operating leases for equipment as follows:

	2004 £	2003 £
Leases which:		
Expires in less than one year	—	—
Expire between 2 and 5 years (office equipment)	915	1,000
Expire after 5 years (land and buildings)	2,108	2,108
	3,023	3,108

18 Connected charity

The Faculty of Occupational Medicine is an independent registered charity responsible for its own administration and financial management. As a Faculty of the Royal College of Physicians, it enjoys close working and professional ties with the College which generously provides the Faculty with premises, part of which are rent-free.

19 Contingent liability

The Faculty has received an indication that it may be the subject of legal action arising from an examination matter. At this stage, no formal claim has been lodged and it is not possible to identify the possible extent of such a claim.



The Faculty is in good heart, our infrastructure is more robust, we are progressing a series of key initiatives and our profile is rising. There is much work still to do and we must guard against complacency.

– Bill Gunnyeon

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