

Briefing from meeting on 7 May 2013

The meeting was chaired by Diana Kloss and the following items discussed:

• British Occupational Hygiene Society – presentation by Roger Alesbury

It was noted that BOHS represented a wide range of professionals and their mission was to reduce hazards in the workplace. BOHS did not want to work in isolation, but with other organisations to deal with and resolve issues. International training modules were being run in over 30 countries by approved training providers. BOHS welcomed the opportunity to work with other members of the Council on future projects.

Roger Alesbury was thanked for a very informative presentation and it was stressed that one of the advantages of the Council was the interaction between those primarily concerned with prevention of industrial accident and disease and those concerned with assisting workers to remain in and return to work.

Update on Council projects

 Occupational Health Workforce Planning Group Please see below in Council strategy update.

AHP Advisory fitness to work report

It was reported that the AHP Advisory fitness to work report had been successfully launched at the Health and Wellbeing Conference in Birmingham on 6 & 7 March 2013 (and had been mentioned by Dr Bill Gunnyeon in his speech). The plan was to move forward and develop it in all UK countries. Funding was being sought for evaluation costs. It was added that the CSP were working with ACPOHE on an e-learning package and this was work in progress.

 Report on progress of negotiations between the Faculty of Occupational Medicine and the Society of Occupational Medicine

SOM and FOM had both attended each other's strategy day. A letter had been sent to all members on 23 January 2013 stating that within two years it was anticipated the two organisations would work together. The Presidents and Chief Executives of each organisation were meeting monthly. On 22 March 2013 a workshop was held and the following questions were identified to be answered to enable the creation of a single organisation:

- Finance
- Governance
- Staffing of each organisation
- · Members' requirements

- Communication
- Purpose and vision

Council representatives had attended the workshop and their input had been valuable.

Communication of the developments needed would be circulated to wider groups and regional meetings and road shows were planned.

The relationship with organisations such as the Royal College of Physicians and the Academy of Medical Royal Colleges needed to be considered, and further feedback would be given in late May and early June 2013 to the Boards of SOM and FOM.

It was also crucial to address the needs of the working population and the current members of each organisation, both medical and non-medical, the issues surrounding revalidation and to promote best practice. Consideration may be given to developing a range of faculties to cover those needs.

· Council strategy and business plan

It was noted that a more formal structure was required for the business plan to enable sponsors to see how their funding is being used. The strategic objectives were considered and the following noted:

Strategy 1: To provide employers / employees with tools to manage health:
Project: Guidance for employers on communication with general practitioners

This strategy was developing well. A report from Dr Rob Hampton had been received and noted. It was recommended that the AHP project and related e-learning project should be included in this strategy.

Strategy 2: To provide signposting for other health professionals on how to obtain competent advice and support on work and health issues for people under their 'care':

Project: Training and qualifications for occupational health nurses

It was noted that the Nursing and Midwifery Council had a new membership, but it was reported that all Council members are based in an NHS setting whereas the majority of occupational health nurses are in the private sector. It was agreed that a meeting would be set up to plan and discuss the issues of occupational health nurse qualifications with the NMC.

Strategy 3: To develop and promote consistent professional standards and develop common educational initiatives

Project: Training and qualifications for allied health professionals

The AHP Fitness for Work Report had been launched in Birmingham, as described earlier in this briefing, and the professions were working well together.

Strategy 4: To respond to consultations collectively and make the opportunity available

to members to respond individually

Project: Fiscal disincentives to health promotion in the workplace

It was agreed that the Council would respond to requests for consultation from the DWP through the Chair, after discussion with the Board of Directors..

Strategy 5: To develop the Council into a dynamic, robust and viable group working to a common purpose

Project: Setting up the Council for Work and Health as a Company Limited by Guarantee

The Council was now established as a Company Limited by Guarantee and Directors, Deputy Chair and Chair had been appointed. Terms of Reference would now be prepared for Directors. Succession planning, financial viability and marketing occupational health and workplace health needed to be considered. Communication strategy would also need to be considered.

Project: Developing a College or Academy

It was noted that a meeting of this group would be arranged and feedback would be given at the next Council meeting.

Project: Occupational Health Workforce Planning Group

A report had been circulated to Council members, as requested. It was agreed that Council members would send their comment to the Secretariat. It was also agreed that the report could be shared with member organisations' Boards. It was noted that the Council was supportive of the work going forward. Further updates would be given to the next Council meeting.