



Diploma in Disability Assessment Medicine

Examination Regulations, Syllabus and  
Guidance Notes for Candidates and Teaching Centres

Faculty of Occupational Medicine

Revised January 2014

General Faculty Examination Regulations revised July 2014

The Faculty of Occupational Medicine of the Royal College of Physicians of London was established “to develop and maintain 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 Diploma in Disability Assessment Medicine is a professional qualification for doctors in the assessment of disability.

It is recognised that sympathetic and competent assessment of individuals with disability will remain an essential skill of virtually all practising physicians and is critically important for doctors undertaking work in relation to the award of state sickness and disability benefits. The government is encouraging a shift in emphasis from ‘disability’ to ‘ability’ and competent clinical assessment is one of the first parts of this process. Professional examination success in this discipline will become increasingly important for those doctors whose main practice is disability assessment.

# GENERAL FACULTY EXAMINATION REGULATIONS

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## APPLICATION

**F1.** Application to take a Faculty examination must be delivered to the Faculty Office by the advertised closing date, and accompanied by full payment of the fee.

**F2.** No candidate will normally be allowed more than six attempts at any Faculty examination. Any attempt that ends in a withdrawal from the examination as a whole which is accepted by the Faculty as arising from extenuating circumstances under Regulations F13, F14 and F15 will not count towards this number.

**F3.** However, following six failed attempts at a Part 1 MFOM examination, Part 2 MFOM examination, or dissertation, made for purposes of higher specialist training a candidate may apply to make a further attempt (or attempts) subject on each occasion to the approval of the Faculty's Specialist Advisory Committee (SAC). Before granting approval(s), the SAC will require the candidate to submit evidence of additional education experience. The SAC will be the final arbiter as to the form that evidence must take and as to whether a further attempt or attempts can be allowed.

**F4.** Candidates with special needs or disabilities should contact the Faculty Office to discuss any specific requests to modify the conduct of the examination or make other reasonable adjustments. Requests must be supported in writing and will require the candidate to provide appropriate evidence. They should be made at least 10 weeks before the examination in question, to allow adequate time for consideration. (If delays arise in obtaining the information the Faculty needs, the candidate may have to withdraw from the examination and re-enter for a later sitting.)

## POLICY OF NON-DISCRIMINATION

**F5.** The Faculty's policy is to make every effort not to discriminate on grounds of gender, age, ethnic origin, sexual orientation, religion or disability. Written papers are anonymised before marking. Multiple choice questions are marked by computer and in other types of paper, each question is normally marked by a different examiner or pair of examiners. After marking, monitors check the papers to confirm that there is no evidence of discrimination. The Faculty relies on individuals – its staff, members and examination candidates – to point out where there is a potential for discrimination, so that it may be avoided.

**F6.** The language of the examinations is English and, except where otherwise indicated in the Regulations, the examinations will be based on practice in the United Kingdom. Candidates are expected to be able to communicate effectively with patients in the practical elements of assessment. The examiners try to draft the written papers in clear, unambiguous English, avoiding the use of acronyms. If necessary, the medical invigilators of written examinations will explain any unclear sections.

**F7.** Examinations are scheduled when the Faculty can obtain the requisite facilities. The Faculty is therefore unable to guarantee that examination dates will avoid all religious holidays on all occasions. However, it does try to avoid them whenever possible.

## CONDUCT OF THE CANDIDATE

**F8.** The Faculty may refuse to admit to the examination, or to proceed with the examination of, any candidate who infringes a regulation of the Faculty Board or whose behaviour is considered by the Board to be prejudicial to the proper management and conduct of the examination. See the Faculty's [Policy and Procedure on Misconduct in Examinations and Assessments](#).

## FEES

**F9.** The fees for admission to the examination will be determined annually by the Faculty. Details will be promulgated in any advertisement for the examination and on the Faculty website (see Fees page at: <http://www.fom.ac.uk/about-us/fees>).

**F10.** There will be a separate fee to be paid for the certificate on successful completion of the requirements for the qualification.

## WITHDRAWAL BEFORE THE CLOSING DATE FOR ENTRY

**F11.** Candidates who submit their application and payment of fees, and subsequently withdraw before the closing date for entry, will receive a refund of their fee (less 10% administration fee).

## WITHDRAWAL AFTER THE CLOSING DATE FOR ENTRY AND BEFORE TAKING THE EXAMINATION

**F12.** Candidates who withdraw after the closing date for entry will not normally be entitled to a refund of fees.

## EXTENUATING CIRCUMSTANCES AND ILLNESS

**F13.** Candidates who fall ill or suffer extenuating circumstances after the closing date for entry may apply to have these factors taken into account and to have part of the exam fee refunded. Extenuating circumstances are defined as a situation outside of the control of the candidate and which is *accepted by the Faculty* as liable to have a material impact on the candidate's capacity to undertake his/her examination. Significant personal illness, bereavement, major domestic events, maternity complications and the illness of a close family member are examples of extenuating circumstances that may be accepted with suitable supporting evidence. To qualify, the Faculty must be made aware of the circumstance before the exam as a whole is taken.

**F14.** Candidates will be required to submit evidence in support of their request to have a potentially extenuating circumstance considered under F13. The evidence supplied must be:

- from an appropriate source (e.g. where circumstances are medical, evidence must be provided from a GP or other medical practitioner)
- independent (e.g. supporting letters from relatives or friends would not be acceptable)
- relevant and sufficiently detailed (e.g. sufficient to explain why they are withdrawing from the examination, why their examination result would have been adversely affected, and relating to illness or circumstances in the allowable time period).

**F15.** Candidates must submit an application in writing to the Chief Examiner (via the Faculty office) including supporting evidence for consideration (under regulation F14). This must be provided within four weeks of the examination as a whole taking place. If approved, candidates will receive a refund of 80% of their fee. No consideration will be given, irrespective of the circumstances, thereafter. The steps are summarised in Annex A.

## WITHDRAWAL AFTER THE EXAMINATION

**F16.** Requests for a withdrawal from an examination on the basis of extenuating circumstances cannot be submitted retrospectively i.e. after the examination as a whole has been taken. The Faculty cannot lower the pass standard to allow a candidate to pass if they have felt unwell or suffered extenuating circumstances. Similarly, these will not constitute one of the acceptable grounds for an appeal against an examination result.

## FORMAT OF THE EXAMINATION

**F17.** The examinations will comprise the general components shown in Table 1. Some examinations require passes in the written components of the examination before moving forward to oral or clinical components. In certain of the examinations, passes in some components of an examination may be carried forward in the event of overall failure. Details are given in the regulations for specific examinations.

Component	MCO <sup>(1)</sup>	MEQ <sup>(2)</sup>	Written Paper	Clinical exam	OSPE	Oral exam	Portfolio & viva
Exam							
Part 1 MFOM	X						
Part 2 MFOM	X	X			X		
DOccMed	X						X
DAvMed			X <sup>(3)</sup>			X	
DDAM	X	X		X			

**Table 1 Examination components**

### Notes:

- 1 Multiple Choice Question paper
- 2 Modified Essay Question paper
- 3 Two papers [each include Multiple Choice and Modified Essay Questions]

**F18.** The weight given to each component of each examination will be given in individual examination regulations. The weight given to individual questions in essay or MEQ papers will normally be displayed on the examination paper.

**F19.** A candidate's examination performance will be assessed relative to an external standard set by the examiners. Raw marks may be adjusted to preserve a common standard between examinations.

## EXAMINERS

**F20.** Examiners are appointed and trained by the Faculty (including in matters of equality, diversity and equal opportunity). Refresher training is provided on a regular basis. In addition, the performance of examiners is monitored and standardisation applied. All are required to be in good standing and up to date with their Continuing Professional Development (CPD).

## RESULTS

**F21.** As soon after the examination as possible, candidates will be provided by mail with details of their marks. Candidates who fail an examination will receive the relevant Chief Examiner's feedback on problem areas of performance. Results will not be provided by telephone under any circumstances.

**F22.** In accord with the Data Protection Act 1998, candidates will have access on request to any information held on them by the Faculty. Please note that this does not include exam answer sheets. Papers will be retained until the commencement of the next diet of that examination.

## APPEALS

**F23.** If a candidate is dissatisfied with the conduct of his or her examination or assessment, he or she should write to the appropriate Chief Examiner. This initial inquiry must be made by post (not by e-mail) and must be received by the Faculty within 21 days of the date on which the decision to which the inquiry relates was issued. Applications made after this time cannot be considered under the Appeal Rules. The grounds for dissatisfaction should be clearly and fully stated, and it may help the candidate to read the criteria for appeal, which are set out in the Faculty Board's Appeal Rules and Procedures:

<http://www.fom.ac.uk/wp-content/uploads/Appealsrules2014.pdf>

**F24.** The Chief Examiner, or an appointed deputy, will write a letter of response; and will, as a matter of course, enclose with this letter details of the Faculty's Appeals Rules and Procedures.

**F25.** If after receiving the Chief Examiner's response (under regulation F24) the candidate remains dissatisfied, he or she may make a formal appeal to the Faculty's Academic Dean. He or she must do so by post (and not by e-mail), such that the Faculty receives the appeal within 21 days of the Chief Examiner's response being issued under regulation F24. No extension to this time limit will be considered.

**F26.** Any formal appeal made following the process and timescale of regulation F25, and of the Appeal Procedures, will be considered by the Academic Dean under the Board's Appeal Procedures, details of which will have been sent to the candidate with the Chief Examiner's response.

**F27.** The Appeal Procedures will specify the items that must be included in a notice of formal appeal under regulation F26. The appellant must also submit an appeal fee, the scale of which is defined in an annex to the Appeal Procedures. A portion of this appeal fee (as specified in the annex) will be non-refundable, unless the appeal is upheld.

**F28.** If the documentation submitted under regulation F25 does not conform to that stipulated in the Appeal Procedures, then the appeal will be deemed to have failed. No allowance of extra time will be made if mandatory items are missing.

# REGULATIONS FOR THE DIPLOMA IN DISABILITY ASSESSMENT MEDICINE

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## ELIGIBILITY

**D1** Candidates are required to have EITHER

attended an approved training course

OR

held a supervised post which entails significant experience of the assessment and/or management of disability. This should equate to a time of at least 6 months full time or equivalent part time employment within the last 10 years but with at least some of that required training or experience within the last three years. Candidates who are otherwise eligible to take the examination are nevertheless advised to attend all or selected parts of an approved course.

Applications for admission to the examination must be made on the Faculty's generic application form (available directly from the Faculty office or from the Faculty website – see Forms page at: <http://www.fom.ac.uk/forms>) by the published closing date and accompanied by the appropriate fee[s]. The Faculty must receive the original signed form and under no circumstances will a photocopied form or faxed form be accepted.

## FORMAT OF THE EXAMINATION

**D2** The examination is in 4 parts. Candidates are required to pass:

- i) a multiple choice question (MCQ) paper,
- ii) 2 modified essay question (MEQ) papers

AND

- iii) a clinical examination.

**D3** The MCQ and both MEQ papers will be administered on the same day. Candidates will be required to pass all 3 papers before progressing to the clinical section of the examination, which will usually be 5 to 6 weeks later.

**D4** Candidates failing the written examinations will be permitted to resit the examination no more than 5 further times. Candidates failing the clinical section of the examination will be permitted 5 further attempts at the clinical section.

## THE MCQ PAPER

**D5** The MCQ paper is designed to test a candidate's knowledge. The MCQ examination will be primarily in the "single best answer" format. Each question will take the form of a stem and 5 options. Only one option will be considered the correct answer for each question stem. Other options may be partially correct but candidates should select the most appropriate answer. The paper lasts for 1 hour and the number of questions will be up to 60.

**D6** Answers should be recorded on the machine-readable sheet provided by blanking out the space corresponding to the answer chosen. One mark will be awarded for each correct

answer. No mark will be given for any incorrect answer or no answer. A zero mark will be given for any answer where 2 answers are given, even if one of them is the correct answer. An answer sheet may contain spaces for more answers than required by the examination.

- D7** A number of questions may be included for trial purposes but will not be used when calculating scores. These questions will not be distinguishable from other questions and may occur anywhere on the paper.
- D8** The Faculty of Occupational Medicine is no longer able to give out any past examination papers.
- D9** The MCQ is machine marked and the results are statistically analysed to ensure standardisation with previous DDAM MCQ examinations and to exclude unsatisfactory questions. The pass mark may therefore vary between sittings of the examination.

### **THE MEQ PAPERS**

- D10** The MEQ papers are designed to test the candidate's problem-solving skills in the field of disability assessment medicine. The first MEQ paper comprises 3 questions and lasts for 1 hour, the second MEQ paper comprises 4 questions and lasts for 2 hours. All questions are compulsory and each must be answered in a separate answer booklet. Questions may carry different proportions of the overall mark for the paper. Candidates will be given guidance about any weighting of individual questions.
- D11** There is a set of key areas of knowledge (constructs) which the candidate will be expected to demonstrate. In the first paper, the questions will be related to the interpretation of medical data for a lay person. The second paper will cover: relevant clinical factors; relevant occupational and/or psychosocial factors; critical evaluation of data; ability to draw appropriate conclusions about functional capacity/work related factors/life or health insurance factors; and ability to make appropriate recommendations. Not all constructs will necessarily be applicable to each question. A detailed knowledge of Government allowances and forms is not required.
- D12** Answers may be given in note form or any other suitable style or format, such as diagrams or algorithms. Abbreviations should be avoided although medical terminology may be used unless the question requires interpretation of medical data for a non-medical person. Answers must be legible. Marks will be lost if the examiner is unable to read the answer.
- D13** Each question is marked by a single, Faculty trained, examiner. As well as scores for each construct appropriately addressed, the examiner will identify the answer as "Pass", "Borderline Pass", "Borderline Fail" or "Fail". All the borderline fail and fail answers and a proportion of the others are then independently marked by a separate examiner. If differing results cannot be rationalised, the Chief Examiner will re-mark the question and arbitrate. Candidates will normally be allowed to fail one of the questions while still passing the papers. The overall pass mark will vary slightly from paper to paper as a result of standardisation of each diet of examinations. The Chief Examiner responsible for the DDAM examination will write to any candidates who are unsuccessful in the MEQ to give detailed feedback on their performance.



## CLINICAL EXAMINATION

- D14** The clinical examination will be conducted using the objective, structured clinical examination (OSCE) format. Equipment will be provided but candidates should bring their own stethoscopes. Candidates will see 2 medium and 4 short cases. One of the medium cases will be a psychiatric patient, portrayed by a role player. The medium cases will each last 30 minutes and the short cases up to 15 minutes.
- D15** The candidate's technique in history taking and physical examination will be observed in each case by one examiner who will remain with that patient throughout. Candidates will therefore see up to 6 separate examiners (some examiners will examine more than one station) in one sitting of the clinical examination.
- D16** As well as scores for each element of the history, examination and the correct answering of questions, the examiner will identify the performance as "Pass", "Borderline Pass", "Borderline Fail" or "Fail". All examiners for the clinical examination, and the Chief Examiner, will discuss "Fail" or "Borderline Fail" cases for each candidate before agreeing the overall grade to be awarded. Candidates will normally be allowed to fail one of the short cases while still passing the examination. The overall pass mark may vary slightly from examination to examination as a result of standardisation of each diet of examinations.
- D17** The Chief Examiner responsible for the DDAM examination will write to any unsuccessful candidates to give detailed feedback on their performance.

# CORE SYLLABUS

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## **Legal aspects (10%)**

- Disability discrimination legislation
- Other current relevant legislation including
  - health and safety
  - driving
- Eligibility for Benefit (Department of Work & Pensions (DWP))
- General comparison of UK and other EU national systems

## **Terms and concepts (5%)**

- Definition of terms
  - incapacity, invalidity, disability
  - impairment, disability, handicap WHO - ICDH (all versions)
  - functional ability
- Definition of different models of disability
  - medical model
  - social model
  - bio-psychosocial model
- Indices of independence and mobility: general knowledge of their strengths/weaknesses and their usefulness as status/outcome measures
  - activities of daily living
  - functional limitation profiles
  - sickness impact profiles
  - other indices

## **Disability Assessment - Principles and practice (20%)**

- Standardised Disability Analysis
  - principles of disability medical analysis
- Mental health and psychological evaluation
- Assessment of cognitive impairment
- Functional limitations and functional capacity assessment
- Standardised measurement
  - psychometric testing: principles, applications and indications
  - data collection and use in functional assessment: indices and scales
  - functional capacity assessment: ability to perform job related functions safely

## **Clinical aspects of disability assessment (25%)**

- Clinical knowledge, expertise, and examination of the patient
- Musculo-skeletal problems
- Cardio-respiratory diseases
- Neurological diseases and injuries
  - including head injury and its possible sequelae
- Sensory disabilities
- Mental health problems
- Assessment of subjective and variable conditions including
  - chronic fatigue syndrome
  - post traumatic stress disorder
- Multiple impairments and their implications

- Other common conditions
- The care needs of the elderly
- The care needs of disabled children
- The needs of disabled school leavers

### **Work and the work environment (10%)**

- Matching people and jobs
- Work analysis and adaptation
- Work environment analysis and adaptation
- Reasonable adjustment

### **Rehabilitation (15%)**

- Definitions of rehabilitation and their relevance today
- Process of rehabilitation
- Types of disabling conditions, their implications for rehabilitation
  - single event
  - relapsing and progressive conditions
- Evaluating the outcome of rehabilitation
  - importance of agreed outcome measures
  - uses of different outcome measures
- Personal and social aspects
- Assessment of social and communication skills
- Assessment for return to work
  - including analysis of job content and related factors
  - health and safety aspects
- Possible outcomes and alternatives to previous employment
- The role of other agencies and medical specialists
- Assessment and guidance for non-work activities
- Rehabilitation aids and equipment

### **Assurance Medicine (5%)**

- Medical risks
  - principles and practice of life and disability underwriting types of policy
- Life
  - Group life and pension schemes including permanent total disability
- Disability (Health) Insurance Terminal illness

### **Ethics (5%)**

- Confidentiality and ethics
- Consent to disclose medical information
- Impartiality
- GMC guidelines

### **Miscellaneous (5%)**

- Basic statistics and epidemiology
- Evidence based medicine
- Presentation and report writing skills
- Explanation of specialist terms to lay persons

# COMPETENCIES

The following competencies and skills will be required by candidates:

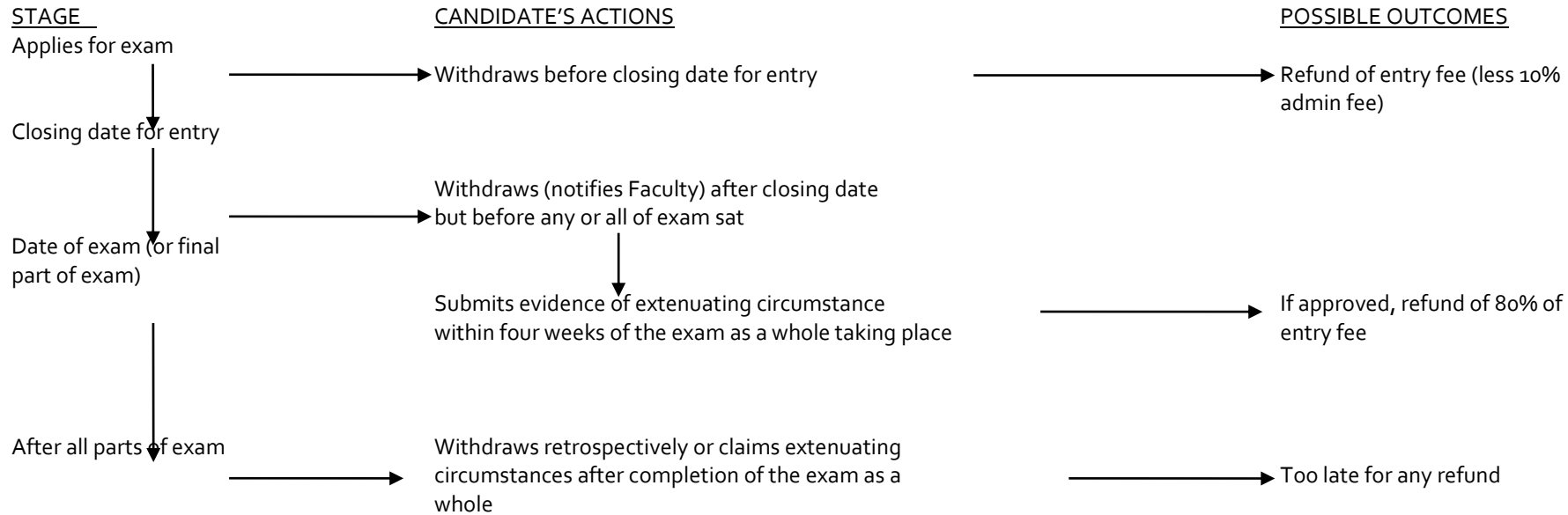
SUBJECT AREA	COMPETENCY	SKILL
<p><b>GENERAL CLINICAL</b></p>	<p>Have sufficient knowledge and clinical skills to:</p> <p>Obtain brief, as well as comprehensive, patient histories, with an emphasis on occupation, disability and lifestyle.</p> <p>Perform complete or focused physical examinations, as required</p> <p>Select appropriate diagnostic studies.</p> <p>Identify the impact of the complaint on activities of daily living.</p> <p>Provide high quality medical diagnosis and advice on treatment, rehabilitation, eligibility for benefit and applicability of the Disability Discrimination Act.</p>	<p>(a) Take and record a general medical history from an individual, including reproductive, social family and behavioural characteristics;</p> <p>(b) take and record a complete chronological work history from any person capable of giving such a history;</p> <p>(c) for any job description given by a person who has worked in that job, make appropriate enquires of the informant in order to clarify the exact nature of the job or process, the materials used in that job and the condition under which the job was usually performed, to the extent of the knowledge of the informant.</p> <p>(d) Carry out a mental health assessment.</p> <p>(e) Carry out an assessment of mobility.</p> <p>(f) Administer the Personal Capability Assessment.</p> <p>In addition to the above, the candidate will be able to undertake the following for each of the listed organ systems and/or disease grouping which follow:</p> <p>(a) recognise and describe the clinical features of occupational and environmental disorders, and their aetiological factors;</p> <p>(b) recognise and describe relevant investigations, their purpose and range of normal findings;</p>

SUBJECT AREA	COMPETENCY	SKILL
		<p>(c) describe toxicological mechanisms, where relevant, including important interactions with other lifestyle factors, such as medications, tobacco smoking and alcohol consumption;</p> <p>(d) describe the impairment, disability and handicap arising from these medical disorders, in particular their effect on a person's ability to work and on access to daily living and leisure activities.</p> <p>(e) undertake appropriate investigations, management and referral using an evidence based approach.</p> <p>(f) explain general eligibility for state benefits.</p>
<p><b>IN ADDITION TO THE GENERAL CLINICAL COMPETENCIES AND SKILLS ABOVE, CANDIDATES SHOULD HAVE DEVELOPED THE FOLLOWING COMPETENCIES AND SKILLS</b></p>		
<p><b>CLINICAL EAR, NOSE AND THROAT</b></p>	<p>Identify, diagnose and advise on patients with common ear, nose and throat conditions.</p> <p>Carry out a competent examination of the ENT system including the detection and assessment of disorders of the auditory canal; the tympanic membrane and the nasopharynx; including noise induced hearing loss; barotrauma</p>	<p>Carry out otological examination. Interpret an audiogram.</p>
<p><b>CLINICAL OPHTHALMOLOGY</b></p>	<p>Identify and assess occupational eye injuries and disease and refer where appropriate. Identify the visual requirements for various occupations including regulatory requirements and correlate with job tasks and job hazards in determining fitness for duty.</p>	<p>Perform ophthalmoscopy, testing for visual fields, colour vision and visual acuity.</p>
<p><b>CLINICAL</b></p>	<p>Assess patients with a</p>	<p>Carry out a competent examination</p>

<b>SUBJECT AREA</b>	<b>COMPETENCY</b>	<b>SKILL</b>
<b>CARDIOLOGY</b>	cardiovascular disease and their fitness to work, and for rehabilitation or redeployment needs.  Assess patients for peripheral vascular and cerebrovascular disease.	of the cardiovascular system including auscultation, determination of position of the apex beat, demonstration of signs of heart failure, assessment of heart rate and rhythmicity, measurement of blood pressure. Diagnose common abnormalities on ECG.
<b>CLINICAL PULMONARY</b>	Identify and assess occupational asthma and bronchoreactivity. Pneumoconioses. Chronic obstructive pulmonary disease.	Carry out a competent examination of the respiratory system including observation, palpation, percussion and auscultation. Perform diagnostic tests, including spirometry and interpret results of diagnostic investigations.
<b>CLINICAL MUSCULO-SKELETAL</b>	Recognise diseases and disorders of the musculo-skeletal system.	Carry out a competent examination of the musculo-skeletal system including joint mobility, stability and function and muscle tone. Assess gait, exercise tolerance and overall mobility. Assess need for walking and mobility aids.
<b>CLINICAL NEUROLOGY</b>	Perform neurological and mental state examinations and assess occupational and environmental neurological disease or injury and fitness for work with particular reference to stroke, epilepsy, head injury and the degenerative neurological disorders.	Carry out a competent examination of the neurological system including the cranial and peripheral nerves, the special senses, proprioception, reflexes and the higher intellectual functions.
<b>CLINICAL PSYCHIATRY</b>	Take a complete psychiatric and psychosocial history, to include alcohol and drug abuse, and perform a mental state examination.	Identify the impact of psychological conditions on fitness for work. Assess the impact of psychotropic medication for a specific job.
<b>CLINICAL DERMATOLOGY</b>	Undertake clinical differential diagnosis of skin diseases and occupational causes by history, examination and diagnostic evaluation.	Carry out a competent examination of the skin and be able to interpret patch tests.
<b>DISABILITY MANAGEMENT &amp; WORK FITNESS</b>	Assess disability and fitness for work. Advise on rehabilitation and redeployment.	Determine the degree of impairment and disability which may be present in an injured or ill employee and determine capacity for work.

**Annex A**

**WITHDRAWAL FROM AN EXAMINATION – a flow diagram**



**Examples of extenuating circumstances that may be accepted, with suitable supporting evidence (F13)**

- death or illness of a close relative – i.e. member of immediate family
- serious injury incurred in an accident
- maternity complications
- substantial legal reason (e.g. rejection of visa application)

**Some circumstances that are unlikely to be accepted**

- Death of a pet
- The room was too noisy/quiet
- Travel delays

**NB**

- A claim of extenuating circumstances can only be considered before the examination as a whole is completed. These rules apply to those who withdraw from an examination
- The grounds for appeal against a failed result are different and separately described (see F23-F28)
- Unfortunately, the Faculty cannot lower the pass standard to change a 'fail' result to a 'pass' because a candidate feels unwell or has a personal problem during the exam period



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Compiled and published by the Faculty of Occupational Medicine

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