



Diploma in Occupational Medicine

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

Faculty of Occupational Medicine

Revised 2006

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 Occupational Medicine is designed for medical practitioners who are working part-time in the practice of occupational medicine or who have an interest in occupational medicine as it affects other branches of medicine.

It is established to demonstrate that the holder has achieved a level of competence appropriate to the generalist working in occupational health. It is quite separate from other qualifications of the Faculty and is not part of the training route to Membership or entry onto the specialist register of the General Medical Council of the UK.

GENERAL FACULTY EXAMINATION REGULATIONS

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 ⁽¹⁾ | MEQ ⁽²⁾ | 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 ⁽³⁾ | | | 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 DIPLOMA IN OCCUPATIONAL MEDICINE

ELIGIBILITY

- D1.** Candidates for the Diploma are required EITHER
- (a) to provide evidence of full or limited registration with the General Medical Council of the United Kingdom
- OR
- (b) to possess a medical qualification acceptable to the Director of Assessment of the Faculty. These candidates must produce their original medical registration certificates, or diplomas of medical qualification, and official translation of their diplomas if not in English
- D2.** Candidates are also required to provide evidence of having completed a Faculty approved Diploma Training Course by the date of the examination. Candidates must provide a copy of their certificate of successful completion of such a course. Where the course will not be completed until after the closing date for applications, candidates may be granted provisional eligibility pending evidence of successful completion of the course.

EXAMINATION FORMAT

- D3.** The examination is in two parts. Candidates are required to pass
- (a) a multiple choice examination paper
- AND
- (b) a portfolio assessment and an oral examination based on that portfolio
- D4.** Candidates can, if they wish, sit the two parts at the same time. Candidates must pass both parts within five years; if more than five years has elapsed between parts, both parts must be retaken to achieve the Diploma.

The written portfolio must be based on the candidate's personal practical experience in the field of occupational health. Each sitting of the second part of the examination requires the submission of a new portfolio.

- D5.** 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. The Faculty must receive the original signed form and under no circumstances will a photocopied or faxed form be accepted. The appropriate number of copies of portfolios must be submitted with the application forms no later than the closing date.

MULTIPLE CHOICE EXAMINATION PAPER

- D6.** The multiple choice examination paper is usually held in one centre at least once each year. Guidance on the form of the multiple choice examination can be found in the Guidance Notes in this booklet.

PORTFOLIO ASSESSMENT AND ORAL EXAMINATION

- D7.** The portfolio assessment/oral examinations are held in one or more centres at least once each year.
- D8.** The portfolio should be in the form of two written reports. One report should be based on a visit to, and assessment of, a workplace and one report should be based on a clinical case seen and examined by the candidate. The reports should demonstrate that the candidate is able to apply the principles of occupational health and safety in practice. Guidance on the form of the portfolio of written evidence can be found in the Guidance Notes in this booklet. The entire portfolio should be 1500 - 2000 words in length.
- D9.** Two examiners, who will subsequently conduct an oral examination of the same candidate, will assess the portfolio. Candidates are required to pass the oral examination and achieve an aggregate of 50% or more for the portfolio and oral combined.

AWARD OF THE DIPLOMA

- D10.** Candidates who have successfully completed the requirements specified in D3 will be awarded the Diploma in Occupational Medicine on payment of a fee. Holders of the Diploma may use the postnominals DOccMed. This qualification is not registrable with the General Medical Council.

ADVICE

- D11.** Any further advice on the Regulations may be obtained by writing to the Chief Examiner.

GUIDANCE NOTES FOR CANDIDATES AND TEACHING CENTRES

INTRODUCTION

- 1 The Faculty of Occupational Medicine of the Royal College of Physicians of London introduced this qualification in 1994 for doctors who wish to demonstrate a level of proficiency in occupational medicine appropriate to the practice of a generalist.
- 2 Regulations governing the Diploma in Occupational Medicine (DOccMed) have been published by the Faculty. It is the responsibility of candidates to ensure that they obtain the latest edition of the Regulations. These notes do not form part of the Regulations but are intended to provide guidance for candidates and those running courses to prepare candidates for this qualification.

DIPLOMA

- 3 This qualification is intended to meet the needs of registered medical practitioners who wish to demonstrate by a combination of training, examination and practical evidence, a level of knowledge and competence in occupational medicine consistent with the practice of a generalist.
- 4 The Diploma is not appropriate to those seeking to practice as specialist occupational physicians, nor is it part of the route to other Faculty qualifications.
- 5 The qualification reflects the satisfactory completion of three main elements: training, multiple choice examination paper and portfolio assessment/oral defence.

TRAINING

- 6 A number of institutions offer Diploma Training Courses covering the core syllabus. These courses may be full time, part time or by distance learning. The core syllabus covers the basic topics necessary to understand the principles and practice of occupational medicine and is given in Annex B.
- 7 Diploma courses are approved on behalf of the Faculty by the Director of Assessment to whom applications must be made in writing at least six weeks before the course is due to start. Approval is valid for one year only and it is the responsibility of Training Centres to reapply for approval.
- 8 The Diploma core syllabus requires a minimum of 55 hours direct training as detailed in Annex B. To reach the required standard, candidates need to undertake further private study. This study includes reading appropriate books and journals, attendance at professional meetings such as those organised by the Society of Occupational Medicine and visits to workplaces. It is impossible to give a precise indication of the amount of time

candidates should give to private study but it is likely to be of the order of two to three hours per week over six months. Those providing Diploma Training Courses should include advice about further study in their teaching.

- 9 Successful completion of a Faculty approved Diploma Training Course is mandatory. It is required for confirmation of completion of training, that candidates should attend at least 90% of the course, or other confirmation as approved by the Faculty.

MULTIPLE CHOICE EXAMINATION

- 10 The purpose of this part of the examination is to test factual knowledge to the standard appropriate to a generalist.
- 11 The examination paper consists of single statements or stems with up to five statements. Questions may be asked on any part of the core syllabus. The minimum number of responses that will be required is 50. Additional questions may be included for trial purposes and will not be used when calculating scores; candidates should be aware that these questions may appear anywhere on the paper.
- 12 Answers should be recorded on the machine-readable sheet provided. Candidates are required to choose the best possible fit (BPF) answer for each statement by blacking out the lozenge for the chosen answer at the corresponding number for that statement on the answer sheet. Only one answer per question may be chosen. The answer sheet may contain spaces for more answers than will be required for the examination.
- 13 A negative marking scheme will not be used.
- 14 The multiple choice examination assesses a candidate's performance in relation to an external standard set by the examiners. As a result, the pass mark and pass rate may vary slightly at each examination. This occurs because there are differences in the degree of difficulty of the examination.
- 15 Candidates must apply to sit the examination on the Faculty's generic application form. Applications which arrive after the closing date will not be accepted. The application form together with information on the dates, venues and fees for the first part of the examination can be obtained by writing to the Faculty office or can be downloaded from the Faculty website www.fom.ac.uk. Applications must be accompanied by a copy of the certificate of successful completion of a Diploma Training Course. The examination is held in London and may be held in other locations in the UK.

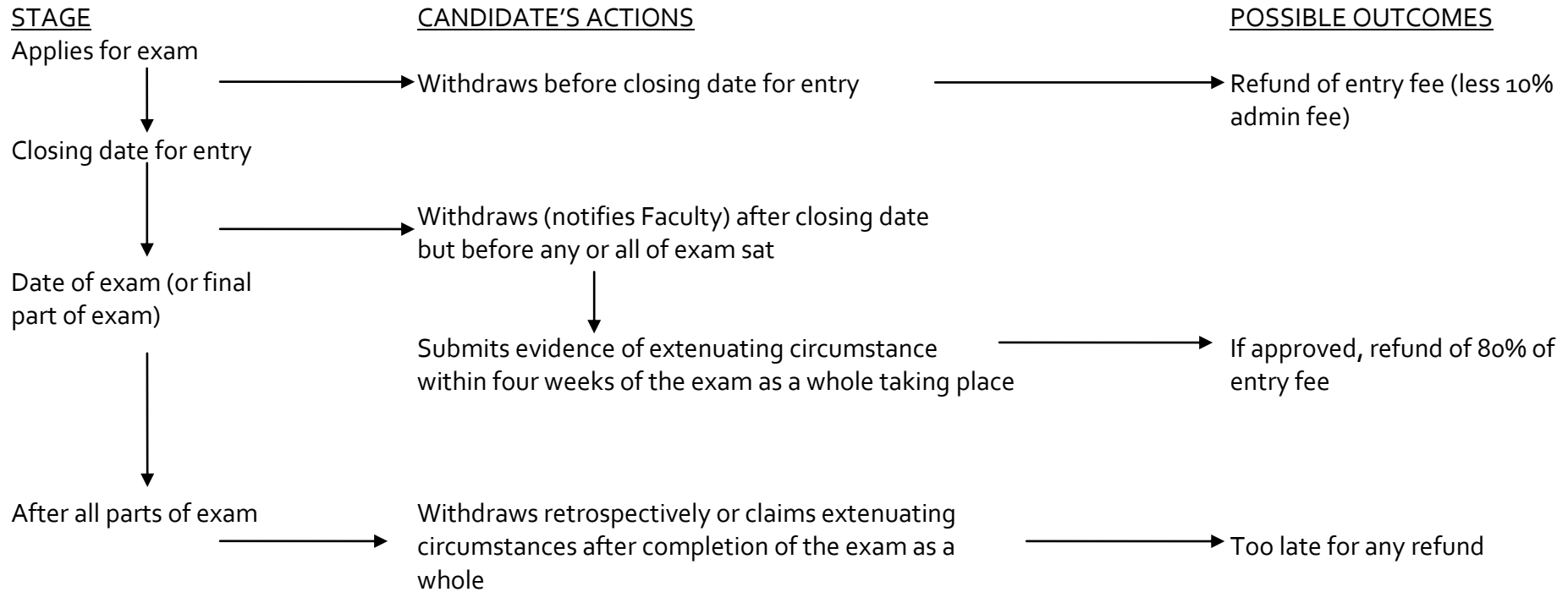
PORTFOLIO ASSESSMENT AND ORAL EXAMINATION

- 16 This part of the examination allows candidates to demonstrate their competence in a practical setting. Training courses should provide instruction for this element of the Diploma in the Practical Module (see Annex B). Preparation of the portfolio may commence at any time.

- 17** Candidates must pass both the multiple choice examination paper and the portfolio assessment and oral examination within five years; if more than five years has elapsed between parts, both parts must be taken to achieve the diploma.
- 18** The portfolio must comprise two separate sections presenting occupational health problems, one a clinical case and the other a workplace assessment. The clinical case must have been seen and examined personally by the candidate and should demonstrate an understanding of the principles of occupational medicine. The workplace assessment should demonstrate the process of hazard identification, risk reduction and continuing surveillance, including application of the relevant legislation. The portfolio must be submitted using the template at Annex C, which contains further guidance on the content, length and layout. An electronic version can be downloaded from the Faculty website. For those candidates without Internet access, a blank form can be obtained from the Faculty office on which the portfolio must be typed.
- 19** An important part of the practice of occupational medicine is good, clear and authoritative written communication with employers and medical colleagues and the portfolio provides a good opportunity to demonstrate these skills. As the portfolio is not produced under examination conditions, it is expected that it will be well structured and professionally presented. It is assumed that candidates have access to basic word processing resources and marks may be deducted for poor presentation.
- 20** Each portfolio is assessed by two examiners. Each examiner will question the candidate for 10 minutes, exploring in more depth the content of the portfolio and assessing the candidate's understanding of closely related issues. Candidates should be able to demonstrate that they have personally undertaken the work described in the portfolio and that they can defend any statements made and, if necessary, defend any omissions. Examiners are seeking evidence that the candidate has understood the principles of occupational medicine and can apply them in practice. Half the marks are allocated for the written work and half the marks are allocated for the oral examination conducted by the same examiners. Candidates are required to achieve a mark of at least 50% in the oral examination and obtain an overall mark of at least 50%.
- 21** Candidates must apply to sit the examination on the Faculty's generic application form. Applications which arrive after the closing date will not be accepted. Candidates are sent information on the dates, venues and fees for the second part of the Diploma upon passing the multiple choice examination. The examination is held in one or more locations in the UK.

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

CORE SYLLABUS

Introductory Module (minimum of 10 hrs/1½ days)

- Definition of occupational medicine and its scope
- Occupational Health Services: the OH team, functions and management
- Ethics, communication and relationships with professional colleagues
- Law in occupational health: system, statutes and civil law
- Employment organisations, industrial relations and trades unions
- Health & Safety Executive and Appointed Doctor System: sources of advice and information

Effects of Work on Health Module (minimum of 18 hrs/3 days)

Effects of work on: (9 hrs)

- Musculoskeletal systems
- Skin
- Respiratory system
- Mental health
- Other systems

Principles of: (6 hrs)

- Occupational hygiene
- Occupational toxicology, including carcinogenesis
- Ergonomics
- Epidemiology
- and application of these principles

Physical Working Environment: (3 hrs)

- Noise and vibration
- Temperature
- Visual environment
- Use of personal protective equipment

Clinical Occupational Health Module (minimum of 12 hrs/2 days)

- Assessment of fitness to work - before/during employment
- Absence attributed to sickness
- Rehabilitation, redeployment, resettlement and ill health retirement
- Health surveillance and biological monitoring
- Health screening and medical examination

Practical Module (minimum of 15 hrs/2 days)

- Principles of health and safety risk management
- Types of hazards and their identification
- The walk-through survey and basic hygiene screening techniques
- Assessing risk
- Application of control measures
- Monitoring outcome and feedback
- Written reports and production of portfolio
- Workplace visits

PORTFOLIO TEMPLATE

DIPLOMA IN OCCUPATIONAL MEDICINE

INTRODUCTION

- 1 This template is designed to provide guidance to candidates in the preparation of the Diploma in Occupational Medicine Portfolio.
- 2 The text boxes give an indication of the relative emphasis that should be given to each section and show the number of marks available. Although all elements will not be present in each example in equal measure, careful selection of clinical cases and workplaces is necessary to ensure that the full range of issues is covered, including a sufficient length of involvement with individual cases. The only absolute limit is on the total number of words, which must not exceed 2000. The minimum expected is 1500 words. N.B. The notes are for general guidance. It is not sufficient simply to answer the questions posed.
- 3 A word count should be entered in the space provided at the end. This can be done automatically in Microsoft Word from the Tools/Word count or a manual count can be entered in the space provided. Only the first 2000 words of the portfolio will be marked.
- 4 Text may be entered directly into the boxes or pasted from another document. Font size 10 or 12 should be used, with lines singly spaced. A narrative style should be employed in preference to lists or bullet points. A short relevant bibliography or references should be included in the final box, which is not included in the word count.
- 5 Relevant photographs, illustrations, plans, tables, etc. may be included by adding additional pages as an appendix to the Portfolio. They should be clearly numbered and labelled, and referred to at the appropriate point in the text.
- 6 The printed portfolio should have a simple, lightweight binding; four (revised March 2006) copies must be submitted to the Faculty office.

PORTFOLIO TEMPLATE

Surname:

Forenames:

GMC No:

**Date passed
DOccMed MCQ
exam:**

This portfolio is the original work of the candidate whose signature appears below and describes work carried out by him or her alone.

**Signature
of
Candidate:**

**Date of
submission:**

Brief description of relevant occupational medicine experience (*this section is not marked and does not form part of the overall word count*)

WORKPLACE ASSESSMENT

Description of site and work process (3 marks available)

Include details such as size, location, access, workforce, range of occupations and processes, working environment.

Hazards identified during walk-through (5 marks available)

Try to use a logical classification, eg physical, chemical, biological.

Provide a brief description of each.

Give an indication of the relative importance in terms of degree and nature of the risk and the number of personnel exposed.

Risk assessments (5 marks available)

Describe your risk assessment of the main hazards identified and the basis on which you have reached your conclusions.

Results of any further investigations/environmental/hygiene measurements

(3 marks available)

Any measurements already available should be summarised. Were any further investigations carried out as a result of your visit? What is your interpretation of the results? Describe the range of values that might be expected and how they would influence your recommendations. Would you recommend any additional investigations?

Conclusions (9 marks available)

Describe the significance of your observations and recorded measurements.

Include reference to any relevant legislation.

Had any action already been taken to reduce any risk to the workforce? Comment on its adequacy and any further recommendations you made or would have made if you had a specific responsibility for this workplace.

How did/would you communicate the conclusions and follow-on plans to the workforce and managers?

Clinical Case

Occupational history of patient (3 marks available)

Make sure you cover all previous employment as well as a detailed history of current job. All potential exposures should be described. Note that one job may cover a wide range of different tasks within the same organisation and beware making assumptions based on job title alone. Record any unusual working patterns eg shift work, part time. Are there any relevant activities outside work?

Clinical history and examination of patient and discussion of occupational aetiology of the condition (8 marks available)

Full details should be given of the presenting complaint together with any relevant non-occupational history. Identify any temporal relationships with employment history. Are social and family histories relevant?

Describe all relevant findings on clinical examination. For conditions with no clinical signs more detailed description of the history will be required to gain maximum marks. Include any clinical investigations undertaken as a result of this condition.

Is there any evidence that the condition was caused or aggravated by this or a previous employment?

Are you aware of any similar illness in the work force?

Is there a known causal association?

If you are describing an assessment of fitness for work, where there is no occupational aetiology involved, this should be stated.

Outline of medical management (3 marks available)

Include a brief description of any treatment prescribed by general practitioner or hospital specialists. Would you have done anything differently if you had specific responsibility for the patient?

Limitation of work capability (3 marks available)

Describe any formal assessment of disability. What effect does the condition have on the individual's ability to continue in employment? Does the employee need to be removed from this job or do work circumstances need to be altered to protect the individual's health? Is the individual capable of any other form of employment?

Communication with employer (2 marks available)

What should the employer be told about this case? Were there any ethical or legal considerations? Were employee representatives involved?

Management of rehabilitation (3 marks available)

*Describe any rehabilitation involved in getting the individual back to work. What other agencies were involved? Was any workplace adjustment required?
If rehabilitation was not possible in this case, make sure you explain fully the reasoning and describe your part in the process.*

Long term follow-up (3 marks available)

Was the return to work successfully managed? Over what period? Was there any relapse? What is the long term prognosis? Is any continuing support required? Describe the role of any other agencies involved.

Word count =

Bibliography/References:

Bibliography / references to be listed according to the Vancouver style

NB This notice is also available as a word document at:

<http://www.fom.ac.uk/wp-content/uploads/dompft1.doc>



Compiled and published by the Faculty of Occupational Medicine

© Faculty of Occupational Medicine