

REGULATIONS AND GUIDANCE

FOR MEMBERSHIP OF

THE FACULTY OF OCCUPATIONAL MEDICINE  
(MFOM)

(awarded from 1 August 2007)

Revised July 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 Faculty admits Associates and Members.

Membership of the Faculty of Occupational Medicine (MFOM) is intended for registered medical practitioners who are committed to the full-time or part-time practice of occupational medicine, and confers formal recognition of competence. It is the highest level of competence recognised by assessment by the Faculty and its syllabus is detailed under the Regulations.

It is a normal requirement for those who aspire to being on the Specialist Register as Specialists in Occupational Medicine in the UK and will be awarded to those who have completed the requisite higher professional training, together with Part 1 and Part 2 Membership examinations, and demonstrated appropriate competencies through workplace-based assessments and a research dissertation or equivalent evidence.

Membership may also be available to medical practitioners outwith UK Specialist Training who can demonstrate an equivalent level of competence, as outlined in these regulations.

# ARRANGEMENTS FOR ASSESSMENT OF THE MFOM

---

**M1.** Regulations M2 to M46 will apply to:

- (a) Trainees who have entered an approved higher specialist training post or programme in occupational medicine in the United Kingdom (UK) after 31 July 2007;
- (b) Trainees who enrolled in an approved higher specialist training post or programme in occupational medicine in the UK before 1 August 2007 and who transferred to the PMETB (now GMC) approved curriculum before 1 January 2009 (to whom certain transitional rules, T1 to T3, may also apply, as defined in the 2008 Regulations for Membership: <http://www.fom.ac.uk/wp-content/uploads/MFOMregs2008.pdf>)
- (c) Doctors outwith approved UK training posts or programmes who are seeking a higher qualification in occupational medicine in the UK.

Trainees who enrolled in an approved higher specialist training post or programme in occupational medicine in the UK *before* 1 August 2007 and who did **not** transfer to the PMETB (now GMC) approved curriculum and assessment system before 1 January 2009 will be assessed under Section B of the 2011 Regulations for Membership: <http://www.fom.ac.uk/wp-content/uploads/MFOMregs2011.pdf>

Doctors outwith approved UK training posts who seek a higher qualification in occupational medicine, and who enrolled in an overseas training post approved *ad personam* by the Faculty prior to 3 April 2008, will be assessed under the 2008 Regulations for Membership: <http://www.fom.ac.uk/wp-content/uploads/MFOMregs2008.pdf>

## **Guidance**

*These regulations should be read in conjunction with the latest version of the Faculty's approved Curriculum for Higher Specialist Training on Occupational Medicine.*

**M2.** Every candidate for the award of Membership must hold a medical qualification recognised by the Faculty.

## **Guidance**

*Candidates who are not registered with the General Medical Council of the United Kingdom will need to produce their original medical registration certificates or diplomas of medical qualification, and official translations of their diplomas, if not in English.*

**M3.** Formal assessment for the MFOM will consist of three centrally administered assessments:

1. A Part 1 examination.
2. A research dissertation or equivalent evidence (see M12).
3. A Part 2 Examination.

**M4.** Award of Membership will require all three of the elements of assessment in M3 to have been passed and such other conditions of relevant experience or training as specified in these regulations to have been met.

### **PART 1 MEMBERSHIP EXAMINATION**

**M5.** The Part 1 examination will comprise a multiple choice question (MCQ) paper, designed to assess factual knowledge to a level appropriate to the trainee's stage of training. This will be the same examination as set for the MCQ component of the Diploma in Occupational Medicine. It will assess the same knowledge base and use the same question sets and there will be a common pass mark across both the Diploma MCQ and the Part 1 examination. (The Part 1 Membership, however, will **not** include the portfolio and oral defence components of the Diploma, which are tested by other means and at a different level during the specialist training programme.)

**M6.** Other than as specified in M7 to M10 (eligibility and exemptions) and in D2 (Diploma regulations – training courses), such regulations, written guidelines, and administrative arrangements as are in force in relation to the MCQ component of the Diploma in Occupational Medicine examination will apply to the Part 1 examination. These are published separately and should be read in conjunction with this section of the Membership regulations.

### **ELIGIBILITY**

**M7.** Before applying to sit the Part 1 examination a candidate must either

- (a) be enrolled in an approved post or programme recognised for higher specialist training in occupational medicine in the UK and be registered as a trainee with the Faculty (and have paid trainee registration fee and subscriptions); or
- (b) provide evidence of (i) general professional training (see Annex 1) over a period of at least 3 years following the date of graduation given on their diploma of medical qualification and (ii) at least 1 year of full-time training or experience (or the equivalent pro-rata) in occupational medicine in a post or posts recognised by the Faculty.

*Documentary evidence submitted under M7(b) will require translation, if not in English.*

**M8.** No candidate will normally be allowed more than six attempts at the Part 1 examination. However, Regulation F3 makes provision for the Faculty's Specialist Advisory Committee (SAC) to consider a candidate's eligibility to make a further attempt or attempts, subject to acceptable evidence of additional education experience. 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 the total of six.

### **EXEMPTIONS**

**M9.** Candidates who have passed the MCQ element of the Faculty's Diploma in Occupational Medicine will be deemed to have passed the Part 1 Membership examination, *provided that* the date on which they sat and passed the MCQ is:

- (a) not more than seven years before their enrolment in or re-entering an approved

- post or programme recognised for higher specialist training in occupational medicine in the UK, or
- (b) not more than seven years before the date on which they sit the Part 2 MFOM examination if the candidate is not enrolled in an approved post or programme recognised for higher specialist training in occupational medicine in the UK.

**M10.** An exemption to Part 1 will also apply to those who have passed the AFOM examination, provided that the date on which they sat and passed the AFOM is not more than seven years before (a) their enrolment (or re-entry) into an approved post or programme recognised for higher specialist training in occupational medicine in the UK or (b), if not enrolled in higher specialist training, their application for Membership.

### **Guidance to candidates**

*The conditions that must be met before applying to sit the Part 1 examination are set out in M7. The Faculty's Specialist Advisory Committee (SAC) will be the arbiter of acceptable training or experience under regulation M7(b). Exemptions may apply if a candidate has passed the MCQ component of the Diploma examination (subject to time limitations as set out in M9) or has passed the AFOM examination (subject to time limitations as set out in M10).*

*Candidates for the Part 1 examination are strongly recommended to read the Diploma guidelines insofar as these relate to the MCQ examination. The guidelines include sample questions, a learning syllabus and other useful details not repeated here. The **Diploma in Occupational Medicine Examination Regulations, Syllabus, and Guidance Notes for Candidates and Teaching Centres** are available on application and can be found at:*

*<http://www.fom.ac.uk/wp-content/uploads/DOccMedregs2014.pdf>*

*It also recommended that in preparation for the Part 1 examination candidates undertake an appropriate academic course, such as a Faculty-approved Diploma Training Course. This is **not** mandatory (i.e. Diploma regulation D2 does not apply) if the intention is **only** to sit the Part 1 examination.*

*Some candidates may elect **voluntarily** to attempt the Diploma (although this is **not** a requirement of specialist training). Those who pass the Part 1 examination will be deemed to have passed the Diploma MCQ, provided that they pass the other Diploma components within five years of passing their Part 1 Membership examination (Diploma regulation D5). All other Regulations relating to the Diploma will need to be satisfied, and in this context Diploma regulation D2, the requirement to complete a Faculty-approved Diploma training course, is mandatory. See:*

*<http://www.fom.ac.uk/wp-content/uploads/DOccMedregs2014.pdf>*

### **Guidance to ARCP panels**

*A trainee in a programme of higher specialist training beginning after 31 July 2007 will normally be required to pass the Part 1 examination before being eligible to progress in their training to ST4. Exceptions may arise (e.g. in the event of illness), but careful thought should be given as to whether or not a longer training period is in the candidate's best interests.*

*The preset limits prescribed in these regulations are such that the usual number of times the*

*Part 1 examination can be attempted is six. . However, in the event of repeated failure, ARCP panels may take a view on suitability to remain in training, considering local and personal factors, judgement about a candidate's likely ability to progress and practise eventually as an independent specialist.*

## **DISSERTATION**

**M11.** All candidates will be required to submit evidence of having acquired relevant competencies in research methods defined in the latest version of the Faculty's officially approved Curriculum for Higher Specialist Training in Occupational Medicine.

### ***Guidance to candidates in higher specialist training and to ARCP panels***

*Most candidates use the dissertation to provide evidence of successful completion of the research competencies in the Faculty's approved curriculum. However the dissertation rarely covers ALL of the competencies in the approved Curriculum. Any competencies that are not covered by the dissertation must be addressed by other work during training (e.g. an audit) and assessed separately (e.g. by the educational supervisor, the ARCP, and in the Part 1 and Part 2 MFOM examinations).*

**M12.** This evidence may take one of several forms:

- (a) Most candidates will undertake and complete a piece of primary or secondary research or substantial audit during their time in approved training, and present their findings as a dissertation of prescribed format (M18).

The following alternatives may be suitable equivalent evidence:

- (b) a body of substantial published primary or secondary research (M19-M21);
- (c) a thesis accepted by a university for the award of a higher degree (such as MD, PhD, Master of Science, MPhil) (M14, M22-M23).

**M13.** All dissertations must include a statement of contributions, to include those of the candidate and of any others who have helped design, execute, analyse or present the project. Where authorship of a work submitted under M12(b) is shared, the contributions of all authors should be declared, especially those of the candidate, and the candidate's contribution should be accepted as material in the judgement of the Chief Examiner (Research Methods); such work may be submitted by only one of the candidates.

**M14.** Normally, the submitted work should be relevant to the broad field of occupational health. However, at the discretion of the Chief Examiner (Research Methods), submissions demonstrating high-level mastery of research may be admissible, even if outwith the field of occupational health (e.g. a PhD or MD on a different medical topic). Queries as to the relevance of the topic should be addressed to the Chief Examiner (Research Methods), whose decision will be final.

**M15.** Assessors appointed by the Chief Examiner (Research Methods) will evaluate the submitted work against the criteria set out in these regulations.

**M16.** The final decision, both as to admissibility for assessment and as to final adequacy, will rest with the Chief Examiner (Research Methods).

**M17.** No candidate will normally be allowed more than six submissions relating to the dissertation (whether on a new topic or in amendment, requested by the assessors or Chief Examiner (Research Methods)). However, Regulation F3 makes provision for the Faculty's Specialist Advisory Committee (SAC) to consider a candidate's eligibility to make a further attempt or attempts, subject to acceptable evidence of additional education experience. 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 the total of six.

### **Dissertations, reviews and audits conducted for purpose**

**M18.** Any dissertation submitted to the Faculty for final assessment must be typewritten or printed, written in English, and should have the following attributes:

- Demonstration of mastery of a subject within the broad field of occupational health;
- A well-defined aim or set of aims;
- An adequate literature search, edited and commented upon in a manner which indicates understanding of the subject;
- Appropriate methods and techniques;
- Sufficient data to support any conclusions that are made;
- Appropriate statistical methods where relevant;
- Discrimination in the evaluation of collected data and other information;
- Logical and appropriate interpretation of results;
- Logical and thorough discussion of strengths, limitations, and context of the findings;
- Logical and sensibly-drawn conclusions;
- Suitable recommendations as to follow on actions or needs;
- Clear logical presentation, with appropriate use of tables, diagrams or photographs to enhance the presentation of the data;
- A section on ethical issues, with any relevant documentary evidence appended;
- A statement of contributions, as outlined in M13;
- Proper use of grammar and spelling, and a style appropriate to a scientific publication;
- Use of 1.5 or double line-spacing and a font that facilitates reading (e.g. Times New Roman, Arial or Helvetica);
- Sequential pagination, to include all sections and Appendices;
- Consistent referencing in either the Vancouver style (sequential numbering) or Harvard style (listed alphabetically).

### **Substantial published work**

**M19.** In the context of these regulations "substantial published primary or secondary research" means one substantial review or at least 2 substantial peer-reviewed research papers other than short reports, letters and the abstracts of meetings. The Faculty's Chief Examiner (Research Methods) will be the final arbiter as to qualifying contributions.

**M20.** The works under M19 must be written in English and published in a refereed scientific journal(s) held by nationally respected reference libraries or cited by MEDLINE, BIDS Embase, or PubMed on dates within seven years of submission. Papers that are "in press" will also be allowable, if documentary evidence is provided of acceptance by the

journal's editor.

**M21.** Multi-author works must be accompanied by confirmation – signed by at least one of the other authors of the paper – of the contribution made by the candidate. This contribution must be substantial in terms of authorship, design and execution. The work must satisfy the criteria outlined in M11 and M14, and will be reviewed for this purpose by Faculty appointed assessors.

### **Examined degrees of universities**

**M22.** Candidates may elect to submit a thesis that has been written in English and accepted by a university (e.g. as a Master of Science Degree in Occupational Health or Occupational Medicine) within seven years of submission. Such submissions must satisfy the criteria outlined in M11 and M14, and will be reviewed for this purpose by Faculty appointed assessors.

**M23.** Exceptionally, candidates may enter training in occupational medicine having already successfully completed an MD or PhD in a medical subject or may successfully complete an MD or PhD during the course of their training. In such cases, trainees may submit their thesis abstract to the Chief Examiner (Research Methods) for a view on the relevance of their topic under M14. If deemed admissible under M14, the MD or PhD will need to satisfy the criterion outlined in M11 and may be reviewed for this purpose by Faculty appointed assessors.

### **Guidance**

*For work that has already been published following peer review or assessed by a university and awarded a degree, the main focus will not normally be on whether the **scientific standard** has been met, but on whether the **criterion in M11** is met – i.e. whether the work demonstrates mastery of a subject, normally within the broad field of occupational health, and shows ability to define a question, design and complete a project to provide answers, present evidence, discuss findings, and write a report.*

*The Faculty recommends those who enter training and contemplate submitting a substantial published work or a university-assessed thesis carried out prior to training to submit their work at an early stage for consideration. Annual Review of Competence Progression (ARCP) panels may wish to consider whether any reduction can be made in the normal four year duration of training for those whose previous work satisfies the research competency: this is best resolved in time for the first ARCP review and due allowance should be made for the several months that may be needed to assess the material submitted the Faculty; a possible delay to training could arise in the event of late discovery of inadmissibility, when the candidate will need to identify an alternative project for the dissertation.*

### **Procedures**

**M24.** If planning to undertake a dissertation for purpose (M12(a)), candidates should submit an outline protocol for their proposed work *before* data collection. The title and an outline of the work should be submitted on Form M2 to the Chief Examiner (Research Methods). This should be no more than 1,000 words in length and should focus on the rationale and method of study, together with timelines for proposed completion and any



relevant ethical issues.

**M25.** The Chief Examiner (Research Methods) will appoint protocol reviewers and advise on the relevance of the chosen topic under M14 with the aim of providing the candidate with suggestions of points to be considered when conducting the project. The responsibility to modify research plans in the light of the feedback received lies with the candidate.

**Guidance**

*The response will usually be made within about 6 to 8 weeks of receipt.*

**M26.** Submission of an outline is **not** required in relation to substantial published work or an examined degree (M12 (b) or (c)).

**Guidance**

*The safeguard of submitting an outline proposal (M24-M25) exists to avoid trainees investing time in a study that is likely to fail in its final assessment. The process is **not** one of formal approval by the Faculty; rather, it is a way of offering candidates simple advice and early feedback.*

*The Faculty cannot assume the responsibility of checking that suggestions are acted upon; this lies with the candidate, who is advised to discuss changes of plan with their educational or academic supervisor.*

*Those in an approved training programme can submit an outline proposal at any time, but it is recommended that they do this **early on**. Most trainees will conduct and write up their dissertation in ST4 and ST5 (after the Part 1 examination and before the Part 2 examination), but experience suggests that developing a good idea and laying the foundations for a good study take time.*

*Most research projects that collect health data will require ethics committee approval. Trainees should discuss the requirement with their supervisor, should budget extra time for this, and should indicate how issues of ethical approval will be/have been handled in any outline and final submissions to the Faculty. Note that the Faculty Ethics Committee is not constituted to grant ethical approval to individual trainee dissertations. Instead, proposals will normally need to be submitted to a Local Research Ethics Committee, an MREC, or to another appropriate committee such as those established by universities or the Armed Forces or the Health and Safety Executive.*

**M27.** On the completion of the work, candidates should submit two unbound copies of their evidence to the Faculty for final assessment, together with Form M3 and the appropriate fee. A maximum of five keywords should be included on the submission form.

**M28.** For those submitting a dissertation written for purpose (M12(a)):

- (a) the length of the written work should be around 8,000 to 10,000 words (in general, credit will not be given for exceeding this limit);
- (b) good quality A4 paper must be used and the pages must be numbered;

- (c) the work must include an abstract of no more than 300 words, positioned at the start;
- (d) the volume must bear the title, the name of the candidate, the name of the qualification for which the dissertation is being submitted and the date of submission;
- (e) where appropriate, a shortened version of the title should appear on the first page of the text;
- (f) candidates should provide a detailed statement of their contributions to the work and state clearly, in an acknowledgement, what help they have received with the study; the respective contributions of other parties should be clear to the assessors.

**M29.** Those submitting substantial published research or the awarded thesis of a university (M12(b), M12(c)) should:

- (a) ensure that the text is clear, legible and easy to read;
- (b) provide proof of acceptance/publication by one or more journals (with the original publications appended for reference), *or* confirmation of the degree awarded and university in question;
- (c) provide a detailed statement of their contributions to the work. For multi-author work, this must include an affirmation from at least one other author;
- (d) provide a frontispiece bearing an overall title, the name of the candidate, the name of the qualification for which the dissertation is being submitted, the date of submission and an abstract summarising the work.

#### **Guidance to ARCPs and supervisors on the submission timetable**

*There is no regulatory restriction on the timing of submission for final assessment of the thesis or alternative evidence (former linkage with entry to the part 2 MFOM examination in ST6 has been removed with the passing of these Regulations). However, for trainees in higher specialist training in the UK, it would be prudent to budget 12 months from the projected completion of training for such assessment, thus allowing time for marking, amendment, reassessment, major requested revisions, acceptance and delivery in the finally approved and bound format. The Faculty recommends, therefore, that satisfactory progression from ST5 to ST6 at ARCP review should normally be conditional on the trainee having submitted their work under Regulation M27. This notional timetable should be discussed with the trainee early on in their training programme.*

#### **Guidance on the format of submissions of equivalent evidence**

*The format should assist the assessors. Candidates should review the guidance intended for dissertations written "for purpose" and consider whether their proposed submission is broadly comparable in length, content, and presentation. There is no need to modify a submission if the original format is similar to that of a dissertation. However, submissions of different format may benefit from amplification (e.g. by means of a more detailed literature review, additional data tables, or a contextualising Appendix) or from reformatting along similar lines as a dissertation "for purpose" (in which case it may be helpful to include a statement that only the format has changed and not the content).*

**M30.** Following receipt of the final submission, the Faculty will appoint two independent assessors to evaluate the work. Usually, the assessors will be specialist occupational

physicians. However, in certain circumstances the Faculty may appoint an assessor who is an expert in the relevant field of study, but not an occupational physician; and if so, at least one assessor will be a specialist occupational physician.

**M31.** The assessors may require the candidate to attend for an oral assessment of their work, should this be considered essential in forming a judgement about the candidate's mastery of the subject and of the techniques used.

**M32.** The assessors will agree a joint mark within bands (excellent pass, good pass, clear pass, marginal pass, marginal fail, clear fail) and will provide structured feedback.

**M33.** If the assessors are unable to agree as to whether the submission meets the required standard, the Chief Examiner (Research Methods) will either (a) act as a third assessor and adjudicator, or b) appoint a third assessor and adjudicator, or (c) in exceptional circumstances, appoint two new assessors. An expert advisor may be appointed to assist the original assessors with highly technical content in a dissertation.

**M34.** After acceptance of the work and before Membership can be awarded, the candidate must provide one copy bound in boards and cloth back for retention in the Faculty library. The colour to be used is Arbelave 563 (green). The title is to be printed on the front cover and the information on the spine is to read (from top to bottom): MFOM, name of candidate, year of submission of bound copy. The abstract of the final submission will normally be published on the Faculty's web site.

## **PART 2 MEMBERSHIP EXAMINATION**

**M35.** The Part 2 examination will comprise the following sections:

1. A Multiple Choice Question (MCQ) Paper.
2. A Modified Essay Question (Structured Short Answer) (MEQ) Paper.
3. An Observed Structured Practical Examination (OSPE).

## **ELIGIBILITY**

**M36.** Before applying to sit the Part 2 examination a candidate must have passed their Part 1 examination. See Regulation M9 for conditional exemptions.

**M37.** If enrolled in an approved post or programme recognised for higher specialist training in occupational medicine in the UK, the candidate must also provide evidence, following local Annual Review of Competency Progression (ARCP) panel review, of having achieved the end competencies of ST4 training, and cannot sit the examination until six months after the date on which this ARCP review outcome was determined.

### ***Guidance on M37***

*The competencies referred to are those defined in the approved Curriculum for Higher Specialist Training in Occupational Medicine, and elaborated with guidance in the Specialty Training Handbook. Candidates must normally submit the evidence referred to in M38 with their examination application. Exceptionally, and at its own discretion, the Faculty may accept later submission of this evidence; but in all circumstances it must be received before the examination is sat. Higher specialist trainees can first attempt the part 2 MFOM examination*

six months through ST5 (18 months before the projected completion of their training), but not before this.

**M38.** If **not** enrolled in an approved post or programme of specialist training in the UK, the candidate must **also** provide evidence of at least 4 years of full-time practical experience or training in occupational medicine (or the equivalent pro-rata) in a post or posts acceptable to the Faculty.

**M39.** The Faculty's Specialist Advisory Committee (SAC) will be the arbiter of acceptable experience or training under regulation M39.

### **Guidance on M38-M39**

*Among other things, the SAC will normally seek evidence of (i) a sufficient **breadth**, as well as a sufficient **duration** of experience in occupational medicine (across a range of settings and covering a range of occupational health problems of a kind encountered in specialist training or practice); and (ii) structured employment involving the support and, ideally, the formal supervision of a senior occupational physician of consultant status. Normally the applicant will need to hold such a post for at least 6 months within the 12 months prior to their application to be eligible to sit the Part 2 examination; the practice of occupational medicine must be a substantial component of their work.*

*Final discretion as to the evidence required rests with the Faculty's SAC. Such evidence will need to be submitted at least 4 months in advance of application to sit the Part 2 examination to allow due time for consideration by the SAC Applicants under regulation M38 will need to demonstrate that they meet the required criteria of practical experience or training, as judged by the SAC, whether or not they are granted exemption under M40 (below).*

## **EXEMPTIONS**

**M40.** Candidates who have passed the AFOM examination in its entirety will be exempted both the Part 1 and Part 2 examinations, provided that the date on which they sat and passed the AFOM is not more than seven years before (a) their enrolment (or re-entry) into an approved post or programme recognised for higher specialist training in occupational medicine in the UK (b) if not enrolled in higher specialist training, their application for Membership.

**M41.** The Part 2 examination will normally be held over two days. The MCQ and MEQ papers will be held on the first day at one or more centres. The OSPE will be held on the second day, normally in the following week, and may be at one or more centres.

**M42.** Full details of the Part 2 examination are published separately. Questions may be chosen from any part of the curriculum, which will be based on the current GMC-approved training curriculum for higher specialist training in Occupational Medicine in the UK.

### **Guidance**

*Details of the Part 2 MFOM can be found at:*

<http://www.fom.ac.uk/education/speciality-training/part-2-mfom-examination>

Details of the current specialist training curriculum can be found at:  
[http://www.fom.ac.uk/wp-content/uploads/t\\_curriculum10.pdf](http://www.fom.ac.uk/wp-content/uploads/t_curriculum10.pdf) (- see Section 2.2).

**M43.** Applications for admission to the Part 2 examination must be made by the closing date i.e. not less than 10 weeks before the date of the examination. The application is to be submitted on the Faculty's generic application form (available directly from the Faculty office or via the website ([www.fom.ac.uk](http://www.fom.ac.uk)) together with evidence of employment and training as detailed above. The Faculty must receive the original signed form and under no circumstances will a photocopied or faxed form be accepted. All applications must be accompanied by the fee (see General Faculty Examination Regulations). Details of times and places of examinations will be available to candidates well before the due dates.

**M44.** Candidates will be required to pass all three sections of the Part 2 examination **at a single sitting**. No candidate will normally be allowed more than six attempts at the Part 2 examination. However, Regulation F3 makes provision for the Faculty's Specialist Advisory Committee (SAC) to consider a candidate's eligibility to make a further attempt or attempts, subject to acceptable evidence of additional education experience. 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 the total of six.

#### **APPLYING FOR MEMBERSHIP**

**M45.** Applications for Membership are made on Form M4. The completed form should be sent to the Academic Dean at the Faculty. The Academic Dean and President are responsible for approving the application on behalf of the Faculty Board. A Membership Admission fee is payable to the Faculty at the time of the application for Membership; this will include provision of a certificate of Membership.

#### **Guidance**

*Where application is linked with an approved UK programme of higher specialist training in occupational medicine, Form M4 should be countersigned by the candidate's supervisor and Regional Specialty Advisor. If the candidate's application for Membership is approved, the Faculty will make a recommendation for inclusion on the Specialist Register to the GMC, with details of the candidate's training and qualifications. Candidates may then apply to the GMC for a CCT. On receipt of the recommendation from the Faculty, the candidate's application form and the required fee, the GMC will process the CCT application.*

#### **OTHER MATTERS**

**M46.** The Faculty may refuse to admit to assessment any candidate who infringes a regulation of the Faculty Board or whose behaviour is considered to be prejudicial to the proper management and conduct of the assessment.

## GENERAL PROFESSIONAL TRAINING

---

*This Annex applies to those outwith UK specialist training posts or programmes.\**

It is a requirement, before attempting the Part 1 MFOM examination, that candidates who are not enrolled in UK specialist training shall provide evidence of adequate and acceptable General Professional Training.

The aim of General Professional Training is to enable a doctor to obtain a broad medical experience before embarking upon specialist training. It normally occupies a period of at least two years after full registration and completion of the pre-registration year and the time is spent in a series of specialty registrar posts accepted for the purpose. General Practice Vocational Training in the UK (GPVT) will also meet this requirement.

It is important that the experience gained should be wide and varied. Thus, in addition to filling posts in General (Internal) Medicine, trainees are encouraged to work in other specialties. Multi-disciplinary rotations in specialty registrar posts (not necessarily restricted to hospital practice) can offer such experience.

### POSTS SUITABLE FOR GENERAL PROFESSIONAL TRAINING\*

General Practice	General Medicine	Cardiology
Diabetes & Endocrinology	Gastroenterology	Nephrology
Thoracic medicine	Clinical Pharmacology	Clinical Immunology & Allergy
Dermatology	Genito-urinary Medicine	Medical Oncology
Infectious Diseases	Neurology	Rheumatology
Accident & Emergency	General Surgery	Otolaryngology
Neurosurgery	Ophthalmology	Trauma & Orthopaedic Surgery
Urology	Psychiatry	Rehabilitation

(This list is illustrative and not necessarily comprehensive. If in doubt, applicants can inquire about the suitability of their experience the Faculty's SAC will be the final arbiter of admissibility.).

\* From 1 August 2007, for purposes of obtaining a CCT, the experience required at enrolment into UK higher specialist training is that defined in the latest version of the Faculty's approved Curriculum for Higher Specialist Training on Occupational Medicine. Such enrolment will automatically qualify a candidate to attempt the Part 1 examination (under Membership regulation M7(b)).

## 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 ([www.fom.ac.uk](http://www.fom.ac.uk)).

**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 3.

#### **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	MCCQ <sup>(1)</sup>	MEQ <sup>(2)</sup>	Written Paper	Clinical exam	OSPE	Oral exam	Portfolio & viva
<b>Exam</b>							
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.

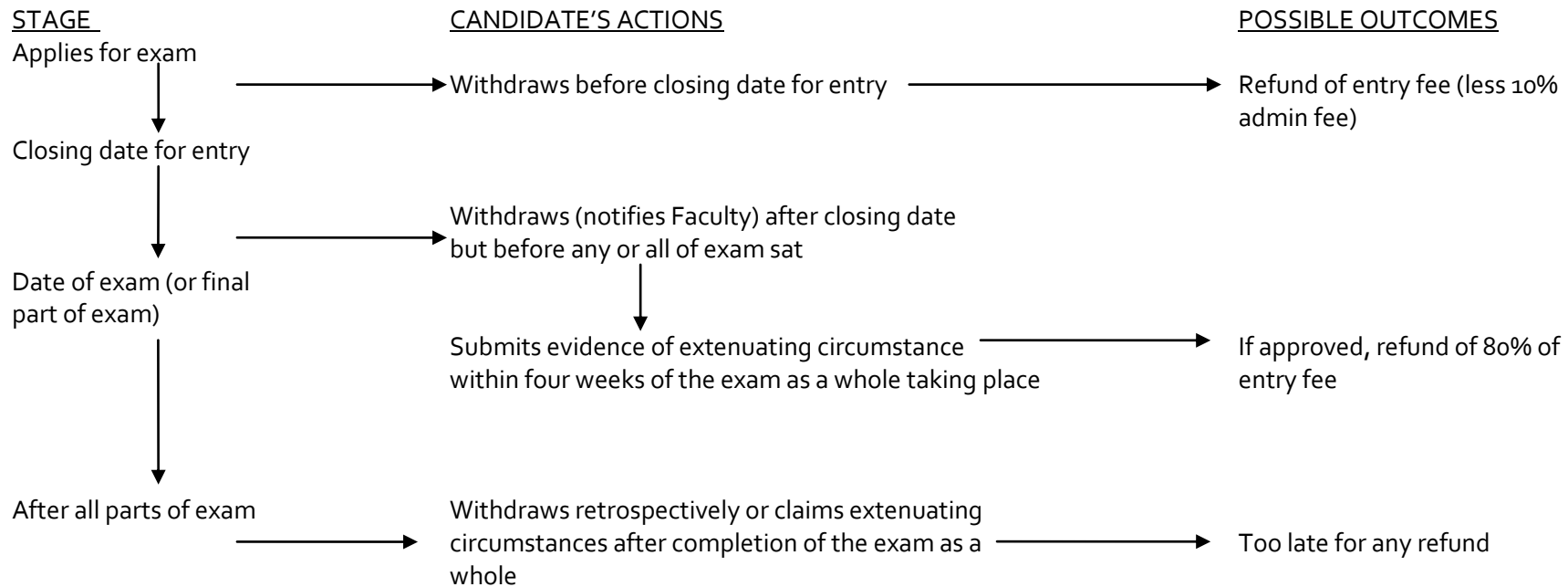
**F26.** Any formal appeal made following the process and timescale of regulation F25, and of the Appeal Procedures, will be considered by the Academic Dean under the Board's Appeal Procedures, details of which will have been sent to the candidate with the Chief Examiner's response.

**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.

### Annex 3

## 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.

## RELATED DOCUMENTS AND GUIDANCE

FOM website

<http://www.fom.ac.uk>

Curriculum for Higher Specialist Training in Occupational Medicine

[http://www.fom.ac.uk/wp-content/uploads/t\\_curriculum10.pdf](http://www.fom.ac.uk/wp-content/uploads/t_curriculum10.pdf)

Diploma in Occupational Medicine: Regulations, syllabus and guidance notes

<http://www.fom.ac.uk/wp-content/uploads/DOccMedregs2014.pdf>

Specialty Training Handbook, 4th edition, April 2008

<http://www.fom.ac.uk/education/speciality-training/training-handbooks-for-occupational-medicine/specialty-training-handbook-4th-edition-april-2008>

Specialty Specific Guidance

<http://www.gmc-uk.org/doctors/ssg.asp>

Regulations and Guidance for the  
Membership of the Faculty of Occupational Medicine (MFOM):

First published: April 2008

Revised: January 2010

Revised: June 2010

Revised: January 2011

Revised: January 2013

Revised: July 2014



---

Compiled and published by the Faculty of Occupational Medicine