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.”

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 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. Successful candidates will normally have completed satisfactorily a prescribed period of supervised training in one or more approved posts and have submitted an acceptable thesis, dissertation or substantial published work.

The regulations in this document should be read in conjunction with the separately published Regulations for Membership and guidance on specialist training.
REGULATIONS FOR THE PART 2 MEMBERSHIP (MFOM) EXAMINATION

These Regulations should be read in conjunction with the Regulations for Award of Membership (2011) http://www.facoccmed.ac.uk/library/docs/mfom-r2010.pdf and the General Faculty Examination Regulations (Annex 1) which will apply equally.

Rules pertaining to the ‘Part 1 examination’, the ‘research dissertation or equivalent evidence’ and higher specialist training are defined elsewhere – see: http://www.facoccmed.ac.uk/library/docs/mfom-r2010.pdf. These Regulations and guidance give further detail related solely to the Part 2 examination for Membership (Part 2 MFOM).

ELIGIBILITY

A1. Normally, before applying to sit the Part 2 examination a candidate must fulfil the eligibility requirements set out in regulations M37 to M40 of the Regulations for Award of Membership (2011).

Guidance on A1:

Regulations M37 to M40 are repeated below for convenience. Further guidance can be found in the Regulations for Award of Membership (2011).

(Regulation M37)

Normally, before applying to sit the Part 2 examination a candidate must have passed their Part 1 MFOM examination.

(Regulation M38)

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.

(Regulation M39)

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.

(Regulation M40)

The Faculty’s Specialist Advisory Committee (SAC) will be the arbiter of acceptable experience or training under regulation M39.
Trainees who (i) entered an approved higher specialist training post or programme in occupational medicine in the United Kingdom (UK) before 1 August 2007, and who (ii) did not transfer to the new PMETB (now GMC) approved curriculum and assessment system before 1 January 2009, and who (iii) have not passed the AFOM examination before June 2010, will also be eligible to sit the Part 2 examination, as set out in Membership Regulations M50 and M51.

Dated proof of meeting the ST4 training competencies (Regulation 38) is normally required by the time of application to sit the Part 2 examination. The Faculty, at its own discretion, and exceptionally, may accept later submission of this evidence; but in all circumstances it must be received before the examination is sat.

Proof of equivalent practical experience and/or training outwith UK specialist training (Regulation 39) must be received at least 4 months before the Part 2 examination date, so that the SAC has an adequate period in which to assess eligibility under Regulation 40.

COMPONENTS OF ASSESSMENT

A2. The Part 2 MFOM examination will comprise the following sections:

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

All 3 sections are compulsory.

A3. The Part 2 MFOM 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 another day, normally in the following week, and may be at one or more centres.

THE EXAMINATION SYLLABUS

A4. The syllabus for the Part 2 examination will be based on the competencies for higher specialist training in Occupational Medicine in the United Kingdom (UK), as defined in the latest version of the Faculty's GMC-approved specialist training curriculum.

A5. Questions may be asked on any part of the syllabus. Collectively, the 3 component sections of assessment will aim to sample systematically from the curriculum across examination sittings.
Guidance:

Details of the competencies on which the examination syllabus is based can be found at: http://www.facoccmed.ac.uk/library/docs/t_curriculum10.pdf (Section 2.2).

THE PASS STANDARD

A6. A candidate’s performance in each section will be assessed relative to an external standard set by the examiners. Raw marks may be adjusted to preserve a common standard between examinations.

A7. Candidates will be required to pass all three of the sections listed in A2 at a single sitting.

Guidance:

There is no provision in the Regulations to roll-over or ‘bank’ passes from one sitting to another.

MULTIPLE CHOICE QUESTION (MCQ) PAPER

A8. This 2 hour examination paper will comprise approximately 120 questions in the format of single statements or stems with up to five completions, or related responses. Normally, questions will be in the ‘single best answer’ format – i.e. candidates will be required to choose from the alternatives the most appropriate or fitted response.

A9. Answers must be recorded on the machine-readable sheet provided. All questions are compulsory. A negative marking scheme will not be employed.

A10. Additional questions may be included for trialling, or standard setting purposes. (These items, which may appear anywhere in the paper, will not be used when calculating candidates’ scores, but may be used in relation to regulation A6.)

MODIFIED ESSAY QUESTION (STRUCTURED SHORT ANSWER) (MEQ) PAPER

A11. This 3 hour examination paper will comprise approximately 10 written essay questions, most of which will be highly structured with multiple parts or subcomponents. All questions are compulsory.

OBSERVED STRUCTURED PRACTICAL EXAMINATION (OSPE)

A12. The Observed Structured Practical Examination will comprise 7 assessment stations – (a) two 30 minute stations based on long clinical cases (patients and/or role
play actors); (b) four 10 minute stations based on short clinical cases (usually, patients with clinical physical signs); (c) one 20 minute station based on photographic illustrations, and materials relevant to occupational hygiene. All stations are compulsory. Annex 2 provides general guidance on the OSPE. (The exact content of questions and administrative arrangements may vary – Annex 2 is for illustrative purposes only.)

APPLICATION FOR ADMISSION; COMMUNICATION OF RESULTS

A13. Applications for admission to the examination must be made by the closing date (i.e. not less than ten 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.facoccmed.ac.uk) together with such other evidence as the form dictates to confirm eligibility under regulation A1. The Faculty must receive the original signed form; under no circumstances will a photocopied or faxed form be accepted. All applications must be accompanied by the appropriate examination fee (see Annex 1). Details of times and places of examinations will be advertised on the website.

A14. Results of the examinations will be communicated to the candidates in writing as soon as is practicable. In no circumstances will results be given by telephone.

APPEALS

A15. If a candidate is unhappy with the assessment of their examination, then they should write in the first instance to the Chief Examiner MFOM. If, following written representations to the Chief Examiner MFOM, the candidate remains unhappy, then they may appeal to the Academic Dean. This Regulation should be read in conjunction with General Faculty Examination Regulations F17 to F22 and the related Board-approved formal appeal rules and procedures, as there are advertised time limits and procedural steps which must be observed.
ANNEX 2
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. There is no limit on the number of times each examination may be attempted.

F3. 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 defer taking the examination until a later sitting.)

POLICY OF NON-DISCRIMINATION

F4. 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.

F5. 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.

F6. 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

F7. 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.
FEES

F8. 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.facccmed.ac.uk). Candidates who withdraw their application before the closing date for the examination will have the fee returned less 10% administration fee. Candidates who withdraw after the closing date will not normally be entitled to a refund of fees.

F9. There will be a separate fee to be paid for the certificate on successful completion of the requirements for the qualification.

DEFERRALS AND NO FINANCIAL PENALTY

F10. Candidates who are sufficiently ill that their performance in the examination may be affected may apply, before the examination, to defer their examination without financial penalty until the next opportunity, on production of a medical certificate. Similarly, candidates who are pregnant or breast-feeding may apply to defer their examination on production of a medical certificate.

FORMAT OF THE EXAMINATION

F11. 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.

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<th>Component</th>
<th>MCQ (1)</th>
<th>MEQ (2)</th>
<th>Written Paper</th>
<th>Clinical exam</th>
<th>OSPE</th>
<th>Oral exam</th>
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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]
F12. 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.

F13. 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

F14. 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

F15. 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.

F16. 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

F17. If a candidate is dissatisfied with the conduct of his or her examination, he or she should write to the Chief Examiner of the examination in question. 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.facoccmed.ac.uk/library/docs/appealsrules2010.pdf.

F18. 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 Appeal Rules and Procedures.

F19. If after receiving the Chief Examiner’s response (under regulation F18) 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 F18. No extension to this time limit will be considered.
F20. Any formal appeal made following the process and timescale of regulation F19, 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.

F21. The Appeal Procedures will specify the items that must be included in a notice of formal appeal under regulation F20. 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.

F22. If the documentation submitted under regulation F19 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 2

GUIDANCE TO CANDIDATES FOR THE PART 2 MEMBERSHIP (PART 2 MFOM) EXAMINATION

Regulations governing the MFOM examination 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 included here for the guidance of candidates wishing to take the Part 2 MFOM examination.

The Part 2 MFOM examination will comprise the following sections:

1. A Multiple Choice Question (MCQ) Paper.
3. An Observed Structured Practical Examination (OSPE).

The examination will be held once or twice each year, depending on demand.

Syllabus

The syllabus will be based on that defined by the GMC-approved training curriculum for higher specialist training in Occupational Medicine in the United Kingdom (UK) – i.e. the Specialty Registrar’s training curriculum. Doctors in specialist training posts and those outwith such programmes may find the following link helpful:

http://www.facoccmed.ac.uk/library/docs/t_curriculum10.pdf (Section 2.2).

By careful selection of examination questions, the examiners will aim to offer a broad coverage of this GMC-approved training curriculum across examination sittings.

Component Parts of the Part 2 MFOM Examination

MCQ Paper

The MCQ paper will normally last for 2 hours. The paper will contain approximately 120 multiple-choice questions in ‘one from five’ (best of five) format. This means that in each question candidates will be presented with a stem and five possible answers, from which they must choose the single best answer (only one answer is the best one, although several may be true in part).
The purpose of the MCQ examination is to test factual knowledge to the standard appropriate to a specialist in Occupational Medicine. Thus, candidates can expect to be tested across a wide range of common and important occupational health topics, sampled across the whole syllabus.

All questions are compulsory. A small number of (unidentified) trialling and/or standard setting questions may appear in any paper. Responses to them do not count towards a candidate’s final score. They are part of a range of quality assurance measures the Faculty has instituted across its examinations.

The marking system for the MCQ examination is as follows:

- One mark (+1) is awarded for each correct answer
- No mark is deducted for an incorrect answer (a negative marking scheme is not used)
- No mark is awarded or deducted if a question is left unanswered

Candidates should be aware that no mark will be awarded for any answer that is partially erased, smudged, or a double response to a question. In these circumstances the Faculty cannot safely interpret the candidate’s intentions.

The pass mark in the MCQ examination will be assessed relative to an external standard set by the examiners. Raw marks may be adjusted (scaled) to preserve a common standard between examinations.

Some sample MCQs are given for information in Annex 3.

**MEQ Paper**

The MEQ paper will last for 3 hours and will usually comprise 10 MEQ-style questions, completed at a single sitting. Questions will normally be given equal weighting.

Most of the questions will be highly structured and divided into sub-sections, each of which will carry no more than 4 marks. Some questions, however, will be designed to assess the candidate’s ability to analyse, appraise, and write occupational health reports; and these may not be so highly structured. The question sheet will indicate the number of available marks for each subsection.

The purpose of the MEQ examination is to test ability to apply knowledge to clinical practice to the standard appropriate to a specialist in Occupational Medicine. The paper may contain questions from any part of the syllabus.

Candidates should ensure that their responses are legible, and are written in their mark books. They are encouraged not to submit answers on additional sheets of paper.
The pass mark in the MEQ paper will be assessed relative to an external standard set by the examiners. Raw marks may be adjusted (scaled) to preserve a common standard between examinations.

Some sample MEQs are given for information in Annex 3.

**OSPE**

The OSPE component of the examination will be held at either the Clinical Skills Centre, Northern General Hospital in Sheffield or another suitable venue.

It will involve 2 hours of assessment (with a small additional amount of waiting time between stations), and will comprise:

- 2 long (30 minute) clinical stations
- 4 short (10 minute) clinical stations
- 1 station of 20 minutes, involving occupational hygiene plus a range of photographic illustrations.

Stations will be run/observed by one or a pair of examiners. Time limits will be enforced by the ringing of a bell.

Candidates may commence the OSPE at any station. Depending on their number, it may be necessary to run two OSPE circuits simultaneously. If so, to standardise the assessments as far as practicable, each station in the two circuits will have broadly similar cases with similar tasks and questions.

In general terms:

- The focus at the **long stations** will be on testing the ability of candidates to take a clinical and occupational history; to discuss the relevance of the clinical findings to occupation; to make an assessment of the occupational health and vocational aspects of the case; and to formulate a suitable action plan. (Candidates may be expected to discuss differential diagnoses and be generally aware of the most common treatments and any relevant occupational implications; but detailed knowledge of treatment regimens is not required.)
- The focus at the **short stations** will normally be on the ability to elicit physical signs, correctly interpret them, and discuss their occupational health and clinical consequences.
- The **photographic/ occupational hygiene station** will focus (a) in part, on practical aspects of occupational hygiene (and may include various pieces of equipment relevant to exposure assessment and/or personal protection); and (b) in part on a diverse range of illustrative materials relevant to occupational medical practice.
Further details of each station type are given below. This guidance is for illustrative purposes only. The Faculty reserves the right to vary the content of questioning, within the general framework of: 2 long clinical cases, 4 short clinical cases, 1 photographic/occupational hygiene station.

**Stations A (The mental health care station) and B (The disability case station).** Role players may be used for the mental health patients. (There is evidence that the use of role players for such cases improves consistency.) Specific written instructions will be provided to the candidate prior to commencing the station. Typically, candidates will be expected to spend about 20 minutes taking an appropriate clinical and occupational history and developing a management plan for the patient. (In the mental health there will also be an expectation, normally, that candidates make a diagnoses; however, such information may be provided for the disability case.) A pair of examiners will observe the candidate’s ability to communicate with the patient and will assess the content of the consultation. During the final 10 minutes the examiners may question the candidate in regard to clinical, ethical and employment issues pertinent to the case in question.

**Stations C to F (Short cases 1, 2, 3 and 4).** These stations will each comprise one short case of 10 minutes. Two examiners will be present at the station. The candidate will be given clear written instructions prior to commencing the case. Patients will be drawn from the typical spectrum that an occupational physician could reasonably expect to see in daily practice (e.g. a musculoskeletal, abdominal, neurological, respiratory, cardiac, or dermatological case). Typically the candidate will be asked to examine the patient and will be expected to elicit and correctly interpret the relevant clinical signs. 6 minutes will be permitted for the physical examination and the candidate will be reminded at 5 minutes that there is one minute remaining. The candidate will then be asked some questions about the case, focusing particularly on the occupational relevance of the findings to case management. The examiner or pair of examiners will ask all candidates the same or similar questions, and will use a pre-designed marking scheme for each case.

**Station G (Photographic/occupational hygiene station).** Assessment at this station will be in two parts.

*For the first 10 minutes* candidates will be tested on occupational hygiene, and will be presented with a single scenario in the form of a photograph showing a work process. They will be asked 10 pre-scripted questions by the examiners.

This station will examine such topics as: knowledge of common work processes/activities and their associated hazards and risks, approaches to conducting
workplace risk assessments, interpretation of non-clinical workplace data and the effectiveness of control measures used (in practice) to minimise or prevent exposure.

The questions will typically be based on a specific workplace process/activity. Candidates may also be required to interpret occupational hygiene and toxicological data, such as may be found in workplace risk assessment reports, or to identify and discuss typical occupational hygiene tools and items of personal protective equipment. Questions may be illustrated by photographs or actual pieces of equipment – e.g. pictures of individuals exposed to physical, chemical, biological or ergonomic hazards; sampling instruments; face masks.

*In the second 10 minutes* the candidate will be presented with 3 illustrations and, where relevant, a short scenario; he/she will be asked a number of pre-scripted questions by the examiners. The illustrations may relate to the diagnosis, management, and prevention of occupationally-related disease or ill-health.

**Marking**

The pass mark in the OSPE will be assessed relative to an external standard set by the examiners. Candidates will be scored across a range of competencies from the Approved Core Curriculum (e.g. 1.1 (i) of Good Clinical Care and 3.3 Communication Skills).

Raw marks may be adjusted (scaled) to preserve a common standard between examinations. Candidates’ total marks across all stations, adjusted/scaled as necessary, will be compared with the overall pass mark.

They will not be required to pass every station or any particular station. However, they will be required to reach a bare minimum pass standard in certain key competency areas which are not directly tested elsewhere in the Part 1 and Part 2 MFOM examinations. These may include: candidate’s approach to, and communication with, the patient; their capacity to manage the patient’s concerns; and their ability to take a detailed history, conduct a suitable clinical examination, elicit clinical signs and reach an appropriate diagnosis.

**Other comments**

In preparing for the clinical elements of assessment, candidates for the OSPE may find it advantageous to practise their clinical skills by attending a suitable course or by a short-term attachment to a hospital unit.
Annex 3

Examples of MCQs

The MCQ paper will contain around 120 multiple-choice questions, normally in the one from five (best of five) format, whereby candidates must choose the ONE best answer from five possible answers.

MCQ Example 1

Which ONE of the following has been most clearly associated with the development of skin cancer?

a) Welding  
b) Nickel  
c) Electromagnetic fields  
d) Polycyclic aromatic hydrocarbons  
e) Chromates

MCQ Example 2

Which is the most accurate statement regarding Carpal Tunnel Syndrome:

a) It is more common in males  
b) It can be associated with exposure to vibrating equipment  
c) Occupationally related cases do not respond to surgery  
d) It can be excluded if nerve conduction tests are normal  
e) Adson's test is a useful clinical test for diagnosis

MCQ Example 3

Which ONE of the following is most true about case-control studies?

a) They are used to study many health outcomes associated with a single exposure  
b) They are usually retrospective  
c) Cases should be prevalent cases of the disease  
d) Controls are often relatives of the cases  
e) Controls should be as similar as possible to cases except that they do not have the disease of interest

MCQ Example 4

Orf:
a) Is caused by a paramyxovirus
b) Typically starts as a pustular lesion
c) Is common in pig farmers
d) Scarring is a common consequence of infection
e) Vaccination is not useful in controlling infection in animals

**Example MEQs**

**MEQ Example 1:**

a) List 3 low molecular weight substances that are known to cause occupational asthma. (3 marks)
b) List 2 high molecular weight substances that are known to cause occupational asthma. (2 marks)
c) List the 4 investigations that are the most helpful in the diagnosis of occupational asthma. (4 marks)
d) Which of the investigations that you have listed is the first line investigation of occupational asthma thought to be caused by a high molecular weight substance? (1 mark)

**MEQ Example 2**

Write short notes on your approach to assessing the following pre-employment scenarios:

a) An individual with asthma applying to become a firefighter. (3 marks)
b) A doctor with HIV applying for a consultant job as a surgeon. (4 marks)
c) An individual who has recently had a heart attack applying for a job as a taxi driver. (3 marks)