



Occupational Medicine Specialty Training

Curriculum Flexibility

Implemented August 2022

This flexibility document outlines the pathways to specialty training in occupational medicine, and outlines the enhanced flexibility of the 2022 Curriculum.

This is version 1.0. As the document is updated, version numbers will be changed, and content changes noted in the table below.

Version number	Summary of changes	Date issued

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1. Introduction

The curriculum review gave the Faculty of Occupational Medicine and the National School of Occupational Health (NSOH) the opportunity to consider a range of reports and recommendations relevant to specialty training. Examples of these include:

- Shape of Training Review: Securing the future of excellent patient care, final report of the independent review led by Professor David Greenaway, 2017.
- Guidance for flexibility in postgraduate training and changing specialties, Association of Medical Royal Colleges, 2020.
- Adapting for the future: a plan for improving the flexibility of UK postgraduate medical training, GMC, 2017.

A key recommendation from these documents was to improve the flexibility of movement across and between specialty programmes. The Faculty and National School of Occupational Health were keen to explore this potential, and also wanted to ensure that the recommendations of the Shape of Training review were considered within the curriculum review. This is outlined in Appendix 1.

2. Background

Traditionally there have been three pathways of entry to become an accredited specialist in occupational medicine:

- Specialty training in a GMC approved training post, and successful completion of the Faculty's approved occupational medicine curriculum, leading to a certificate of completion of training (CCT); or
- Entering speciality training in a GMC approved training post at a higher entry level because of experience already acquired in non-approved training, and successfully completing the Faculty's approved curriculum. This route required application by the candidate entering from another specialty to occupational medicine via the 'Combined Programme' route; or

- By successfully demonstrating equivalent experience, knowledge, skills, attitudes and behaviours through the Certificate of Eligibility for Specialist Registration (CESR) route.

In effect, the Combined Programme route has been rarely used in recent years. For the 2022 Curriculum, this option will be more effectively communicated to encourage the transfer of doctors from higher levels in other specialties to occupational medicine. Further details of the Combined Programme pathway can be found in the: *Guidance for Deaneries and Colleges on Combined Programme, GMC, 2020.*

3. CCT pathway

There are approved training posts in occupational medicine in the NHS, the Defence Medical Services and in non-NHS providers (also referred to as industry posts). The same process for gaining approval applies to all training posts in the United Kingdom.

To enter the training programme you should meet the person specification which is available from the National School of Occupational Medicine (NSOH) and equivalent bodies in the devolved administrations. All trainees, irrespective of their location or sector of training, will be trained in accordance to the Faculty of Occupational Medicine Training current curriculum which can be found at www.fom.ac.uk and must achieve the same capabilities and skills.

Recruitment is assessed through a programme of national recruitment hosted by Health Education England, and executed by the NSOH. Trainees for Scotland, Northern Ireland and Wales are recruited through NSOH national interview, subject to agreement with the equivalent bodies. Those recruited to non-NHS training posts are benchmarked to ensure that they meet the same criteria for training.

NHS vacancies are advertised via NHS Jobs at www.jobs.nhs.uk/ and through Oriel at www.oriel.nhs.uk which is the portal for recruitment to postgraduate medical training.

As regards non-NHS training posts, employers are free to advertise their training vacancies according to their preference, which may include BMJ Careers, SOM Jobs and LinkedIn.

Training posts in the Defence Medical Services are open to doctors who are already serving Medical Officers but they must meet the personal specification. All defence candidates are required to attend an NSOH National Recruitment Assessment for benchmarking to obtain a training number.

4. CESR

The CESR (Certificate of Eligibility for Specialist Registration) route to specialist registration is aimed at doctors who have not completed a GMC-approved training programme but who are able to show that they have undertaken similar training or have equivalent experience to demonstrate capability achievement, as would be the case in a GMC approved post. They have to demonstrate that they meet the requirements with regard to training, qualifications, experience and capabilities, by submitting their evidence of this to the GMC.

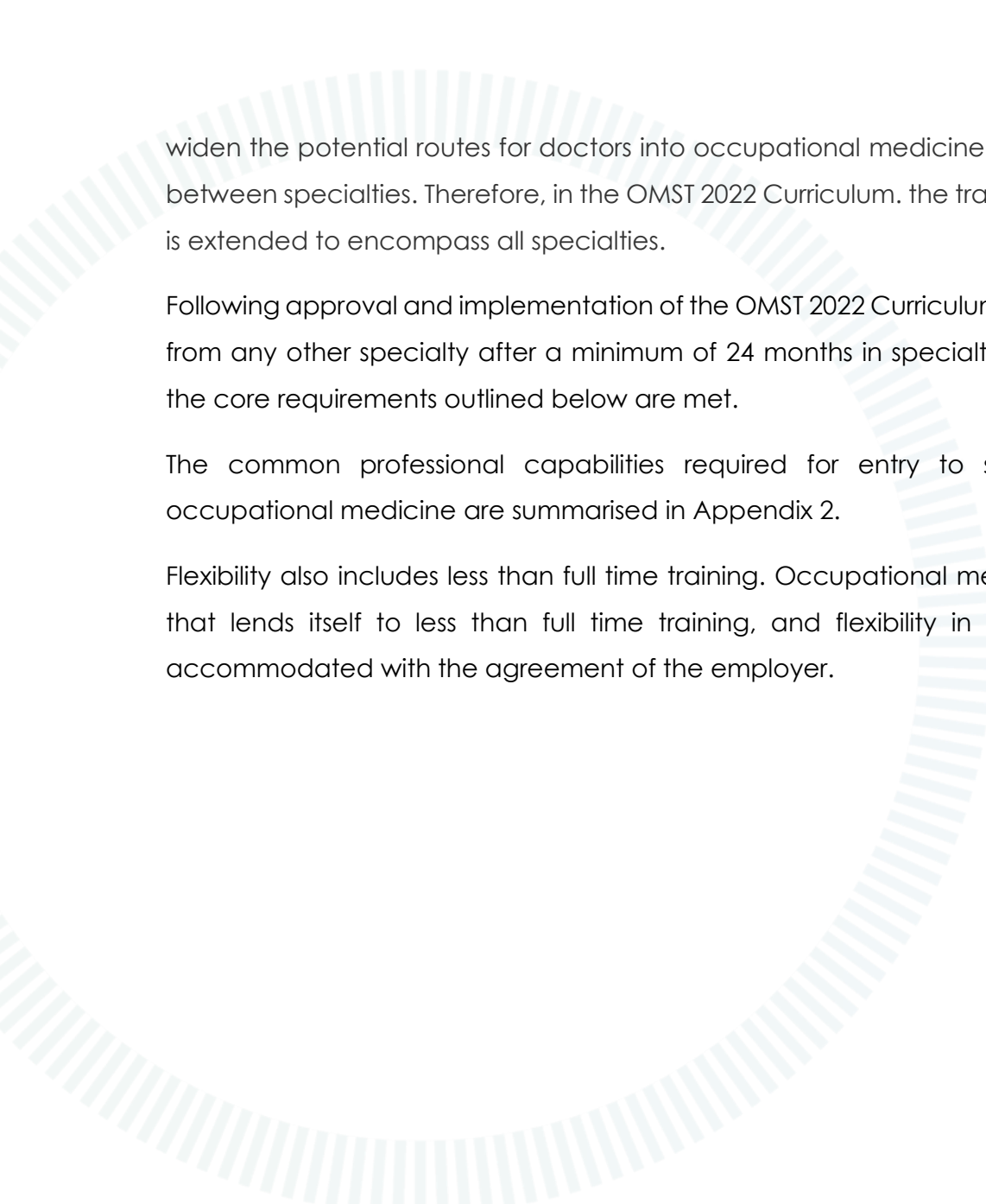
5. Entry from another specialty

Historically, trainees entering specialty training in occupational medicine via another specialty have come from 'agreed' programmes. These programmes were:

- Surgery;
- Psychiatry;
- Acute medicine (2 years);
- General practice (3 years);
- Public health (Phase 1);
- Anaesthetics or ACCS (anaesthetics);
- Radiology; or
- Paediatrics.

However, there was not a clear rationale established as to the reasoning behind this list or why some specialties were transferable and others were not.

The introduction of generic professional capabilities across all medical specialties promotes a higher level of flexibility and transferability of core skills. The Faculty is keen to



widen the potential routes for doctors into occupational medicine by ensuring flexibility between specialties. Therefore, in the OMST 2022 Curriculum, the transferability audience is extended to encompass all specialties.

Following approval and implementation of the OMST 2022 Curriculum, doctors may apply from any other specialty after a minimum of 24 months in specialty training, as long as the core requirements outlined below are met.

The common professional capabilities required for entry to specialty training in occupational medicine are summarised in Appendix 2.

Flexibility also includes less than full time training. Occupational medicine is a discipline that lends itself to less than full time training, and flexibility in this respect can be accommodated with the agreement of the employer.

Appendix 1: Shape of Training impact on the 2022 Curriculum

SoT recommendation	FOM response
1. Appropriate organisations must make sure postgraduate medical education and training enhances its response to changing demographic and patient needs.	The curriculum has been updated to make it contemporary and fit for the future.
2. Appropriate organisations should identify more ways of involving patients in educating and training doctors.	A lay representative has acted as stakeholder for this group in the development process.
3. Appropriate organisations must provide clear advice to potential and current medical students about what they should expect from a medical career.	The new curriculum will be open to all on the website, thereby allowing medical students to see future training requirements. A free Student membership category has been introduced for medical undergraduates and foundation doctors.
4. Medical schools, along with other appropriate organisations, must make sure medical graduates at the point of registration can work safely in a clinical role suitable to their competence level, and have experience of and insight into patient needs.	NA
5. Full registration should move to the point of graduation from medical school, subject to the necessary legislation being approved by Parliament and educational, legal and regulatory measures are in place to assure patients and employers that doctors are fit to practise.	NA
6. Appropriate organisations must introduce a generic capabilities framework for curricula for postgraduate training based on Good medical practice that covers, for example, communication, leadership, quality improvement and safety.	The framework of the curriculum has been based around the framework of the Generic Professional Capabilities and therefore these are explicit throughout.

SoT recommendation	FOM response
7. Appropriate organisations must introduce processes, including assessments, that allow doctors to progress at an appropriate pace through training within the overall timeframe of the training programme.	FOM made a decision not to change the assessment processes at this time apart from the Research assessment. Review of the Supervised Learning Events and examination assessment methods may be considered in the future, once the new outcomes-based 2022 Curriculum is implemented and can be evaluated.
8. Appropriate organisations, including employers must introduce longer placements for doctors in training to work in teams and with supervisors including putting in place apprenticeship-based arrangements.	Training placements are well established and as the curriculum content is unchanged. There is no impact on placements.
9. Training should be limited to places that provide high quality training and supervision, and that are approved and quality assured by the GMC.	Training only occurs at GMC-approved sites and educational supervisors are required to meet a range of criteria, undergo training and be accredited by the GMC.
10. Postgraduate training must be structured within broad specialty areas based on patient care themes and defined by common clinical objectives.	This is now in place as a result of moving to an outcomes-based curriculum.
11. Appropriate organisations, working with employers, must review the content of postgraduate curricula, how doctors are assessed and how they progress through training to make sure the postgraduate training structure is fit to deliver broader specialty training that includes generic capabilities, transferable competencies and more patient and employer involvement.	This has occurred by extensive stakeholder engagement in the development process across phases 1 and 2 of the engagement process.
12. All doctors must be able to manage acutely ill patients with multiple co-morbidities within their broad specialty areas, and most doctors will continue to maintain these skills in their future careers.	This is supported by the wider learning outcomes and generic professional capabilities.

SoT recommendation	FOM response
13. Appropriate organisations, including employers, must consider how training arrangements will be coordinated to meet local needs while maintaining UK-wide standards.	This will be managed as it is currently, as essentially that the curriculum content is unchanged, although examples have been extended to include working in a pandemic and remote consultations.
14. Appropriate organisations, including postgraduate research and funding bodies, must support a flexible approach to clinical academic training.	N/A
15. Appropriate organisations, including employers, must structure CPD within a professional framework to meet patient and service needs, including mechanisms for all doctors to have access, opportunity and time to carry out the CPD agreed through job planning and appraisal.	FOM directs trainees and trainers to appropriate courses but does not deliver courses.
16. Appropriate organisations, including employers, should develop credentialed programmes for some specialty and all subspecialty training, which will be approved, regulated and quality assured by the GMC.	NA
17. Appropriate organisations should review barriers faced by doctors outside of training who want to enter a formal training programme or access credentialed programmes.	The changes outlined in the flexibility report support this.
18. Appropriate organisations should put in place broad based specialty training (described in the model).	NA
19. There should be immediate consideration to set up a UK-wide Delivery Group to take forward the recommendations in this report and to identify which organisations should lead on specific actions.	NA

Appendix 2: Common professional capabilities required for entry to occupational medicine specialty training

- a) Demonstrates the knowledge, skills, attitudes and behaviours to be able to take a history and examine workers, and keep an accurate and relevant medical record.
- b) Demonstrates appropriate time management, organisation and decision-making.
- c) Understands and applies the basis of maintaining good quality care, ensuring and promoting worker safety.
- d) Understands the principles of clinical governance i.e. the processes that safeguard higher standard of care and facilitate the development of improved clinical services.
- e) Demonstrates the knowledge, skills, attitudes and behaviours to be able to educate workers effectively.
- f) Demonstrates effective health promotion.
- g) Demonstrates knowledge, skills, attitudes and behaviours needed to continue self-directed lifelong learning.
- h) Demonstrates the knowledge, skills, attitudes and behaviours to be able to communicate effectively with workers, employers and colleagues.
- i) Demonstrates effective team working skills within the clinical team.



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