



Occupational Medicine Specialty Training

Curriculum Guidance

Implemented August 2022

This document outlines the curriculum guidance to be used in conjunction with the 2022 Curriculum for specialty training in occupational medicine in the United Kingdom (UK).

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

Contents

Introduction	4
How to use the 2022 Curriculum Guidance	4
Learning outcome 1: professional values and behaviours.....	6
Learning outcome 2: professional skills and knowledge: communication	7
Learning outcome 3: professional skills and knowledge: clinical practice.....	8
Learning outcome 4: workplace risk	9
Learning outcome 5: health promotion and illness prevention	10
Learning outcome 6: leadership and team working.....	11
Learning outcome 7: patient (worker) safety.....	12
Learning outcome 8: quality improvement.....	13
Learning outcome 9: safeguarding.....	14
Learning outcome 10: education and training.....	15
Learning outcome 11: research	16

Introduction

This Occupational Medicine Specialty Training (OMST) 2022 Curriculum Guidance should be read in conjunction with the OMST 2022 Curriculum.

The **OMST 2022 Curriculum** is the document which outlines the standard to which all specialist occupational physicians are trained within the United Kingdom. It codifies the agreement between the General Medical Council (GMC) and the Faculty of Occupational Medicine (FOM) concerning the Learning Outcomes that must be achieved in order to become a specialist occupational medicine physician.

The **OMST 2022 Curriculum Guidance** provides supplementary guidance for trainees, trainers and educational supervisors, in how to successfully complete the OMST 2022 Curriculum and all its associated assessments.

How to use the OMST 2022 Curriculum Guidance

Occupational medicine trainees are required to demonstrate the achievement of eleven **Learning Outcomes** in order to attain a Certificate of Completion of Training (CCT).

For each Learning Outcome, there are a number of subordinate **Professional Capabilities**. Learning Outcomes and Professional Capabilities must be evidenced by trainees. Evidence is retained in the ePortfolio, and is assessed for adequacy during the ARCP process.

This OMST 2022 Curriculum Guidance includes a series of **examples** for each of the Learning Outcomes. Examples provide ideas and give **a range of scenarios which trainees may use to generate evidence** of their achievement of the Professional Capabilities and Learning Outcomes. Examples are intended to act as prompts to the trainee and trainer as to how the overall outcomes might be achieved, or how the evidence base could be broadened. They are not intended to provide an exhaustive list, or be used as a checklist. Trainees are encouraged to produce a broader portfolio and include a wide range of evidence.

The **OMST 2022 Curriculum Guidance** also provides examples of **assessment methods** that may be used for each Learning Outcome and Professional Capability. Again, these are not prescribed, and the document acts only as a guide. The trainee is free to use other methods that are mutually acceptable to the trainee and to the trainer.

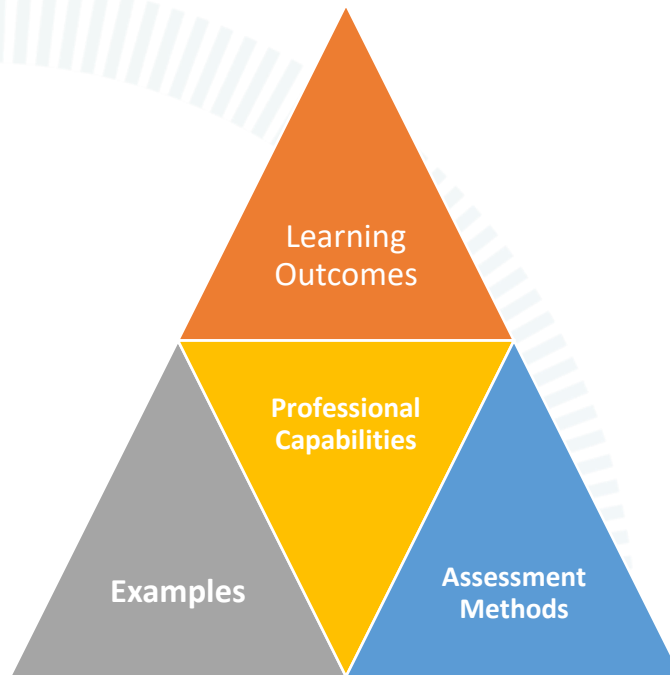


Figure 1: Key elements of the Occupational Medicine Specialty Training 2022 Curriculum

<p>Demonstration of achieving all eleven Learning Outcomes is required by the GMC.</p>	<p>This is what you must provide evidence for in order to gain your Certificate of Completion of Training (CCT).</p>
<p>Professional Capabilities are the relevant specialty skills that the Faculty of Occupational Medicine (FOM) has told the GMC provide evidence for achievement of the Learning Outcomes.</p>	<p>This is Faculty guidance on what you must offer as a minimum. You may wish to exceed what is suggested.</p> <p>If you do not follow this guidance, then you will need to offer an equivalent that is acceptable.</p>
<p>Examples are advisory.</p>	<p>This is Faculty guidance on what may be deemed to be acceptable evidence.</p>

Learning outcome 1: professional values and behaviours

The requirements of this domain are that, along with the professional values and behaviours of all doctors outlined in *Good Medical Practice*¹, the occupational medicine trainee will develop their behaviour in line with current legislation and ethical codes of practice relating to occupational medicine.

The domain also sets the expectation that the trainee will work towards a self-regulatory approach expected of an independent specialist occupational physician.

“Honesty and probity are expected of all doctors: without these there cannot be trust in the profession”
occupational medicine trainee

Learning Outcome 1	Professional Capabilities
Adopts a self-regulatory approach to professional behaviour, demonstrating and role modelling the professional attributes required by a specialist occupational physician.	<p>1a. Maintains confidentiality but judges when disclosure is required in relation to legal accountability ethical principles and safety considerations.</p> <p>1b. Applies knowledge of specific legislation and ethical frameworks across all four nations, advising workers and managers.</p> <p>1c. Recognises and appropriately applies principles reflecting the importance of medical ethics, confidentiality and consent.</p>
EXAMPLES	
<ul style="list-style-type: none">• The trainee conducts a workplace visit to a car manufacturing workshop after several reports of contact dermatitis affecting workers. They identify that latex gloves are being used by workers. Following this, a meeting is arranged with the health and safety representative and senior management to make recommendations concerning safer alternatives. The initial visit is captured as a case-based discussion (CPD) with the follow up meeting captured as a portfolio activity.• During a telephone consultation with a worker, the trainee is concerned with the mental state of the individual and considers them a potential risk to themselves as they are actively suicidal. Consent is sought and gained to speak to their GP and the individual is admitted to hospital for a CRISIS team review, thereby ensuring their personal safety. The educational supervisor was sitting in on this consultation which was captured as a mini-Cex (teleconsulting).• A worker holding a Group 2 driving licence has newly diagnosed epilepsy (following a sports related head injury). The individual notes, in passing, that they have not informed the DVLA. The individual is informed of their professional and legal obligation but is not amenable to persuasion. The trainee discusses the dilemma with their clinical supervisor and with their medical insurer. The ethical considerations concerning disclosure without consent are captured as a CBD and as reflection notes.	

¹ General Medical Council, *Good Medical Practice*, 2013, updated 2019, <https://www.gmc-uk.org>

Learning outcome 2: professional skills and knowledge: communication

This domain sets the expectation that the occupational medicine trainee develops a range of communication skills across a complex range of occupational health settings. High level communication skills are required by the occupational medicine practitioner as the complexities of occupational medicine are varied and multifarious. They must learn to communicate effectively not only with healthcare colleagues but those stakeholders within the workforce.

Communication in all forms will be vital to be achieved at a high level. Spoken forms and written communication, including the use of digital technology are included. Along with these high-level skills the occupational medicine trainee, while working towards independent practice must ensure respect and professionalism.

“Breaking down the experience of an illness into language both workers and work personnel can understand”
occupational medicine trainee

Learning Outcome 2	Professional Capabilities
<p>Communicates effectively verbally and in writing with workers, employers, worker representatives, colleagues and other stakeholders, across a range of workplace environments, demonstrating effective listening skills, cultural awareness and sensitivity.</p>	<p>2a. Recognises the importance of the relationship between health and work, and work and health, identifying where communication can support or hinder this.</p> <p>2b. Develops effective relationships with workers, employers, trade unions and other stakeholders.</p> <p>2c. Demonstrates the ability to produce clear, legible and accurate reports in written form.</p> <p>2d. Communicates risk to stakeholders.</p>
<p>EXAMPLES</p> <ul style="list-style-type: none"> The trainee sees a worker with recent onset asthma who has been working with isocyanates. The trainee shows a report addressed to the manager to the worker, and then coordinates with the manager to visit workplace. The trainee requests workplace occupational hygiene measurements. These indicate poor control so the trainee meets with senior managers and the safety advisor to advise on better hazard control. The trainee also assesses whether this is a reportable disease to Health and Safety Executive (HSE). The trainee attends a health and safety meeting, including union representatives, and gives presentation on the importance of management actions and individual actions to control hazards and prevent ill health in workplace. The trainee is asked to see a worker with a recent diagnosis of epilepsy for the second time, following giving advice that the worker should not drive company vehicles. This time the worker is accompanied by a trade union representative. After a long discussion with all parties, the trainee was able to describe the reasons why the advice was given and the worker understood the situation. 	

Learning outcome 3: professional skills and knowledge: clinical practice

To meet the demands of this domain the trainee must develop a high level of skill in the management of workplace healthcare. They are working towards expertise in workplace health management across a range of workplace settings.

“ Help trainees be exposed to a range of workers so they have experience in different settings”
occupational medicine trainee

Learning Outcome 3	Professional Capabilities
Assesses and manages workers, with respect to work and the workplace, taking into account history, diagnosis, human factors principles, clinical examination and relevant investigations, including mandatory spirometry and audiology.	<p>3a. Considers the full range of management options available, including pre-placement assessment, sickness absence, modified duties, ill health retirement and/or redeployment.</p> <p>3b. Assesses and manages workers with chronic disease and those rehabilitating from acute injury or ill health using the biopsychosocial model.</p> <p>3c. Assesses functional capacity and evaluates fitness for work, to include initial, periodic and statutory assessment.</p> <p>3d. Liaises with other healthcare professionals as appropriate.</p> <p>3e. Diagnoses work-related ill health and occupational disease.</p>

EXAMPLES

- A worker declares a mental health condition on a pre-placement questionnaire that could potentially impact on his/her ability to work. The trainee conducts an assessment in clinic to determine the worker's fitness to perform the role, as well as considering any potential safety concerns pertaining to the role. The trainee requests information from the treating physician to better understand the worker's mental health history including treatment and prognosis. With the worker's consent, the trainee writes to the manager with advice on fitness to work and any adjustments required.
- A worker with progressive chronic arthritis attends as a self-request. She states she cannot carry out her work without severe pain. Clinical examination shows pain and limited movement in both hips and knees. The trainee attends the workplace with the worker who can only work slowly with great discomfort. Written advice is given to the manager on suitable adjustments to the worker's work.
- The trainee has to assess a worker for an ill health retirement application. The trainee examines the exact criteria for ill health retirement before assessing the worker. The trainee undertakes a full clinical examination of the worker and records the details of work activities described by the worker and compares these with the job description. The trainee explains to the worker that a report on the objective finding of the examination and the trainee's opinion on fitness for their work will be prepared. The trainee obtains the worker's consent to contact the worker's specialist for an opinion on future outlook. The trainee informs the worker that, upon receipt of information from the specialist, the trainee will arrange to see the worker again to state the details in the report to pension trustees, who will make the final decision.

Learning outcome 4: workplace risk

Not only do specialist occupational physicians manage workplace ill health, also they act in a preventive way by exploring risks to workers, employers and sometimes the public in general. This approach to risk management requires highly effective interpersonal skills and the ability to work across a range of healthcare and workplace.

“Occupational health requires seeing a situation from multiple angles: worker, employer and population”
occupational medicine trainee

Learning Outcome 4	Professional Capabilities
Accurately identifies, assesses and manages workplace hazards and risks across a range of settings.	<p>4a. Provides workplace managers with appropriate recommendations, including health surveillance and occupational hygiene input, aimed at workplace improvements in relation to health.</p> <p>4b. Liaises with safety representatives, safety officers, occupational hygienists, ergonomists and other specialists in the assessment of working environments.</p> <p>4c. Explains and manages the difference between association and causation in a workplace setting.</p>
EXAMPLES	
<ul style="list-style-type: none">• The trainee is approached by an occupational health nurse who was assessing a walk-in case. The client was exposed to a chemotherapy agent on their hands during disposal and was not wearing gloves. The case required a review of the material safety data sheet and COSHH risk assessment, consideration of health surveillance, worker education about use of PPE, consideration of RIDDOR reporting and liaison with the health and safety team. Managers were given advice about ensuring COSHH risk assessments are up to date. The case was presented by the trainee and occupational health nurse at the departmental clinical meeting.• The trainee attends a meeting with a client to discuss health surveillance for laboratory animal workers. Managers are concerned regarding a recent case of Simian Foamy Virus (SFV) in laboratory primates. The trainee conducts literature review regarding SFV, the health effects, the likelihood of occupational exposure, and what control measures may prevent this. There is no health surveillance for SFV but the trainee advises the organisation to consider control measures to prevent transmission to workers.• The trainee assessed a 61-year-old community nurse who has been referred by the manager to assess his medical fitness to work in the front line during the COVID pandemic. The trainee carries out an individual risk assessment to take into account the nurse's underlying medical condition (diabetes), ethnic background (black African), age (61), gender (male), BMI (32) and vaccination status (double vaccinated). The trainee subsequently advises the manager and the nurse in relation to the level of risk, the importance of infection and prevention control and hierarchy of control.• The trainee assesses a worker in an NHS clinic who was referred by their manager with low back pain. The worker reports that pain is worse due to working in a confined space. The trainee carries out a confined space risk assessment during a workplace visit. The trainee reviews HSE guidance and regulations for working in confined spaces and confirms that the area in question is not a confined space. Recommendations are made to the manager regarding adjustments for back pain.	

Learning outcome 5: health promotion and illness prevention

This domain requires the trainees to develop skills required in the prevention of ill health, public health and global international health. As the trainee works toward independent practice, they must consider all these elements in the management of workplace health. Along with an emphasis on global health, the specialist occupational physician should consider the impact of sustainable healthcare.

“A desire to improve worker health proactively, not just reacting to referrals – seeing work as a health outcome”
occupational medicine trainee

Learning Outcome 5	Professional Capabilities
Promotes and advises on physical and psychological health and wellbeing in the workplace and wider community, as well as prevention of work-related ill health.	<p>5a. Demonstrates knowledge of cultural, social, religious and economic factors and their influence on workplace health and wider public health within a biopsychosocial model.</p> <p>5b. Assesses the need for, organises, delivers and evaluates health promotion across a range of workplace environments.</p> <p>5c. Recognises and advises on health risks in the local environment arising from workplace activities.</p>
EXAMPLES	
<ul style="list-style-type: none">• The trainee assesses a worker in clinic who is due to start a work placement abroad for a year. The trainee performs a pre-travel risk assessment by exploring the details of the trip, as well as the worker's health conditions, medication and immunisation history, to ensure the worker's health needs can be met at the travel destination. Trainee provides the worker advice on possible travel-related illness and preventative measures. The trainee counsels the workers on the appropriate prophylactic medications and vaccines.• The trainee works with a travel department to ensure that all company drivers are aware of personal actions they can take to prevent driver fatigue by taking rest breaks and the sensible planning of journeys.• The trainee is approached by a local public health team who want to discuss attending the workplace to deliver health promotion activities which are being carried out locally. The trainee arranges a meeting with Public Health to understand exactly what the objectives are, and what the outcome measures will be. The trainee seeks details on requirements and timings, with clear responsibilities of public health staff and the organisation's staff. After these are clarified, the trainee prepares a report for the senior occupational physician.	

Learning outcome 6: leadership and team working

This domain requires the trainee to develop high level leadership skills. They will lead across the occupational workplace and across multi professional teams. Leadership skills will include negotiating, delegating, critical decision making and service development.

These skills are not only to be considered in the later stages of training, but developed from day one. The trainee will require the ability to work across a range of teams, and leadership skills will be essential to promote workplace wellbeing. They will learn to value the contribution of others but lead in advocating for workplace health.

“Leadership, management and communication are essential skills”

occupational medicine trainee

Learning Outcome 6	Professional Capabilities
Demonstrates a range of leadership behaviours and role models the ability to respect others, working effectively in a multidisciplinary team and within a management structure.	<p>6a. Strategically plans and sets objectives for the delivery of an occupational health service.</p> <p>6b. Effectively manages and evaluates an occupational health clinic.</p> <p>6c. Supervises, challenges, influences, appraises and mentors colleagues and peers to enhance performance and to support development.</p> <p>6d. Promotes and effectively participates in multidisciplinary and interprofessional team working.</p>
EXAMPLES	<ul style="list-style-type: none">• The trainee takes the chair of a regular multi-disciplinary professional working group, including nurses, an occupational hygienist, a physiotherapist, an ergonomist and a safety adviser, which discusses the most prominent uncontrolled work hazards in the organisation and reports to the Head of Health and Safety about improvement actions to consider.• The trainee produces a leaflet on 'What occupational health can do for you'. This is targeted to all workers to give further information on what help occupational health can give and also what occupational will not do. The content and style are agreed and a copy is sent out with all appointment letters to workers.• The trainee identifies that the workload for occupational health nurses seems very high with the result that they are unable to maintain the standard of their work to a high quality, so the trainee collects data on their performance, summarises it, and makes proposals to managers to alter the nursing workload into a more organised fashion to improve outcome quality and nursing morale.

Learning outcome 7: patient (worker) safety

Throughout their careers all doctors must ensure that worker safety is prioritised. For the specialist occupational physician this extends to include workers, employers, the workplace and public safety.

“Expertise to improve the health of the working age population and avoid preventable injury and illness caused or aggravated by work” occupational medicine trainee

Learning Outcome 7	Professional Capabilities
Applies knowledge, clinical skills and professional values to the provision of high quality, safe worker management and investigates, reports and resolves risks to workers and stakeholders.	7a. Demonstrates the ability to mitigate against safety risks. 7b. Recognises when safety has been compromised and escalates appropriately.
EXAMPLES <ul style="list-style-type: none">• The trainee has multiple opportunities across training to evaluate safety across varied work environments. The types of safety assessments may include advising a predominantly manual workforce on injury rates and reduction, advising on contamination injury reduction in a healthcare setting, or advising on risk reduction for a sewage plant. Safety mechanisms should apply to workers, other people working on site and the wider environment. The hierarchy of controls should be applied when considering safety across all sectors.• The trainee works with human resources, health and safety, management, trade unions any other relevant parties to set up a health surveillance programme. Using the identified hazards, the trainee develops a risk assessment to determine the need for health surveillance and implements an appropriate programme in line with relevant legislation. For example, setting up a hand arm vibration surveillance in line with HSE and the Control of Vibrations at Work regulations 2005.• The trainee works with the employer to identify chemical hazards in the workplace and provide information about the possible health effects of these hazards and how to reduce the risk of harm using the hierarchy of controls. They may use a variety of resources including but not limited to a review of the most recent evidence, HSE guidance, safety data sheets, published workplace exposure limits and IARC registry. This could be a broad overall look at applying COSHH regulations in the workplace or advising about a specific worker who has experienced an adverse reaction to a chemical in the workplace.	

Learning outcome 8: quality improvement

Doctors at all stages of their career should aim to improve not only worker outcomes but worker experiences and service delivery. This domain includes the skills of review and evaluation. The occupational medicine trainee will identify quality improvement initiatives and where possible action these.

“ Occupational medicine is a diverse and dynamic speciality”

occupational medicine trainee

Learning Outcome 8	Professional Capabilities
Independently applies knowledge of quality improvement processes to undertake projects, audits and evaluation studies to improve effectiveness, safety, efficiency and the overall experience of stakeholders.	<p>8a. Identifies quality improvement opportunities.</p> <p>8b. Engages with stakeholders, including workers, doctors and managers, to plan and implement service delivery and quality improvement.</p>
EXAMPLES	
<ul style="list-style-type: none">• The trainee designs and carries out an audit project to evaluate existing clinical record keeping within the OH service against the SEQOHS standard. The trainee presents the audit findings to the department and facilitates a group discussion to reflect on the findings as well as proposing measures or changes to improve record keeping practice. The trainee repeats the audit cycle to ensure the changes or measures introduced are effective and sustainable.• The trainee finds out a healthcare worker working in an Exposure Prone Procedure (EPP) role but has not been appropriately cleared for performing EPP. The trainee identifies this as a quality improvement opportunity to review the existing EPP health clearance process within the department. The trainee reports this as a significant event and performs a Root Cause Analysis to identified the cause, as well as implementing changes to prevent similar errors in the future. The trainee engages with the multidisciplinary team when implementing new changes in practice.• Trainees are asked to review new HIV PEP guidelines in preparation for updating the Trust's body fluid exposure policy. The trainees review the new guidelines and compile a document comparing the changes to the current policy. The trainees meet with the consultants to discuss possible changes that may be implemented. The trainees then prepare a document advising of immediate changes required (e.g. PEP dose) and prepare a presentation for the working group who will decide on the policy updates.	

Learning outcome 9: safeguarding

This domain requires the doctor to consider safeguarding in all aspects of occupational medicine practice. It is important that they understand how to escalate concerns.

“ A clear understanding of obligations in a health and client setting”

occupational medicine trainee

Learning Outcome 9	Professional Capabilities
Applies knowledge to identify safeguarding issues, thereby taking responsibility for raising concerns, getting advice and taking appropriate actions.	9a. Promotes the professional responsibility of safeguarding. 9b. Demonstrates knowledge of workplace bullying and harassment and the impact on workplace health.
EXAMPLES <ul style="list-style-type: none">• The trainee sees a worker in clinic referred with mental health concerns. During the consultation the trainee identifies that the worker is psychotic, disclosing suicidal ideation with intent. The trainee identifies that there is a minor at home who may be at risk. The trainee contacts local safeguarding team to ensure a safeguarding risk assessment is conducted.• The trainee sees a worker in a consultation when it is clear that the worker is a victim of domestic abuse. The trainee gives advice on the many organisations which can give help and support. The worker has a review appointment booked to assess the situation.• During an occupational health appointment, the worker discloses that several of her work colleagues keep making offensive comments about the worker's gender reassignment, making the worker feel humiliated and anxious about coming to work. The trainee recognises that this could be considered as 'harassment' by law, as gender reassignment is one of the protected characteristics under the Equality Act 2010. Trainee advises the worker on the options on how to raise concern and signposts the worker to support available, including looking at the workplace policy on bullying and harassment. Trainee also recognises the employer's duty of care to prevent harassment in the workplace, and employer's legal liability for any harassment suffered by their workers. Trainee provides advice and guidance to the manager/employer on how to deal with a harassment complaint appropriately.	

Learning outcome 10: education and training

Trainees will demonstrate the ability to provide highly effective teaching and learning events in the occupational health setting. This will include supervision, mentorship and assessment. They will be able to evaluate the impact of their own and others' teaching and make any needed adjustments accordingly.

“ Greater scope for improving the education and training of future occupational physicians”

Occupational medicine trainee

Learning Outcome 10	Professional Capabilities
Demonstrates knowledge skills and attitudes to provide effective teaching and learning opportunities, including supervision, training, assessment and mentorship in the occupational health setting.	<p>10a. Optimises, plans and delivers teaching and learning opportunities to health professionals.</p> <p>10b. Attains skills to enable confident supervision, recognising the skills of both clinical and educational supervisors and the provision of constructive feedback.</p> <p>10c. Facilitates learning in the workplace across a wide range of groups and audiences, including employers, workers and colleagues.</p>
EXAMPLES	
<ul style="list-style-type: none">• The trainee identifies that occupational health nurses in the department are in need of clinical training in body fluid exposure risk assessment. Trainee designs and delivers a training programme for nurses, followed by a competency assessment. The trainee collects feedback from the nurses regarding the teaching session to improve future teaching delivery.• The trainee is asked to coordinate anaphylaxis update training for a client. Trainee conducts a needs analysis to understand what is required from the training session and the relevance to the workplace. Trainee designs and delivers a training session to the client's workers, with a post-course assessment and feedback. Trainee uses feedback to improve the session for future delivery.• The trainee is asked to host a visiting medical student for a month. The trainee establishes a learning plan with defined learning outcomes for the student. The plan, and progress with the learning, are discussed every week with the student. The trainee writes a summary report at the end of the visit.	

Learning outcome 11: research

The research domain requires the trainee to be able to demonstrate research skills that enable them to critique and use evidenced-based practice.

“ **Solid, comprehensive knowledge and fluency in applying to novel or poorly understood workplace environments**” occupational medicine trainee

Learning Outcome 11	Professional Capabilities
Engages with research and promotes innovation.	<p>11a. Adopts an evidence-based approach to occupational medicine.</p> <p>11b. Demonstrates independent evidence-based development to support the revision of guidelines and procedures.</p> <p>11c. Capable in the use and management of information, and the reflective use of information technology.</p>
<p>EXAMPLES</p> <ul style="list-style-type: none"> • The trainee wishes to establish a questionnaire study on the feedback from managers who receive reports from occupational health. The project is defined, with clear identification of study objective, study subjects, questionnaire produced, analytical methods to be used, time frame for study, resources and staff time all planned out. The study plan is submitted to the Head of Service and agreed. • The trainee identifies the need for evidence-based guidance in an area of their practice. They form a small guidance group, undertake a systematic search and critical appraisal of the literature, and produce an evidence-based guidance*. • An increase in cases of dermatitis in a part of factory raises concerns that work is the cause of the outbreak. The trainee develops a plan to determine the causative factors. This includes a systematic literature search*, a visit to the workplace to interview workers and observe the workers doing the jobs. This identifies that the new cleansing agent used by all the workers is the likely source. Further investigation into the agent confirms that the agent is the most likely cause. A detailed report of the actions and recommendations is produced for the senior occupational physician, safety adviser and managers. • An original piece of research for a degree (MSc and above, in any subject). • A minimum of one published paper in a peer-reviewed journal with the trainee as a first or last author. • At least two peer-reviews papers for a peer-reviewed journal, including attending a training session on how to be a peer reviewer. 	

* A systematic review should include identifying the key concepts of the topic using a framework such as PICO, establishing inclusion and exclusion criteria, finding related search terms, and selecting databases to search. The trainee should use a critical appraisal tool appropriate for the study design and summarise their findings, including biases, confounders, and the generalisability of the results. They should summarise their understanding of statistical tests and interpretation of results.



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