

## IMPORTANT NOTICE

### 3<sup>rd</sup> EDITION APRIL 2008

The last sitting of the AFOM will be in January 2010. A candidate who has not passed the AFOM examination before June 2010 will be eligible to sit, and will be required to pass the Part 2 MFOM examination instead (see Membership Regulation M50 and associated guidance including Q & A sheet 3: Changes to the Faculty Examinations [http://www.facocmed.ac.uk/library/docs/t\\_qa3\\_exams08.pdf](http://www.facocmed.ac.uk/library/docs/t_qa3_exams08.pdf)).

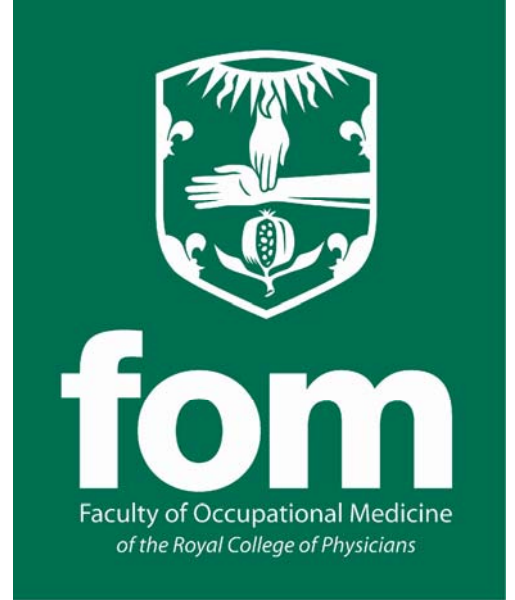
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## NOTIFICATION OF CHANGES TO THE AFOM EXAMINATION GUIDANCE

June 2006

In June 2006 the guidance to the Associateship of the Faculty of Occupational Medicine journal examination was changed. Please note that four copies of the journal must now be submitted to the Faculty office along with submission of entry form and payment.

Please contact the Examinations Co-ordinator on 020 7317 5893 with any queries that may arise.



# REGULATIONS FOR THE AWARD OF ASSOCIATESHIP OF THE FACULTY OF OCCUPATIONAL MEDICINE (AFOM)

Revised 2006  
General Faculty Examination Regulations revised January 2010

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.

The Associateship of the Faculty of Occupational Medicine (AFOM) is available to 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 examination by the Faculty and its syllabus is detailed under the Regulations. Associateship is an essential step on the path to Membership. As such, it will most commonly be taken by those who aspire to being on the Specialist Register as Specialists in Occupational Medicine and who will be taking the AFOM as an integral part of their Higher Professional Training and as a pre-requisite towards being awarded a Certificate of Completion of Specialist Training (CCST). Generalists who meet the eligibility requirements of the Regulations may also take the AFOM.

#### MEMBERSHIP

Membership (MFOM) is intended for registered medical practitioners who wish to specialise in occupational medicine. Successful candidates will normally have completed satisfactorily a prescribed period of supervised training in one or more approved posts, be Associates of the Faculty and have submitted an acceptable thesis, dissertation or substantial published work.

Regulations for MFOM/specialist training are published separately.

# REGULATIONS FOR ASSOCIATESHIP OF THE FACULTY

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## ELIGIBILITY

A1 Candidates for any of the Faculty's examinations are required EITHER

(a) to provide evidence of full or limited registration with the General Medical Council of the United Kingdom

OR

(b) to possess a medical qualification acceptable to the Academic Committee of the Faculty. These candidates must produce their original medical registration certificates or diplomas of medical qualification, and official translations of their diplomas if not in English.

A2 Additionally, candidates for the AFOM must:

(a) provide evidence of General Professional Training (see Annex 2) over a period of at least three years following qualification. This may include the pre-registration year.

(b) provide evidence of Higher Professional Training. This will be EITHER

(1) employment in a Faculty-approved specialist training post that has a national training number (NTN or NTNI) from the relevant regional postgraduate institute;

OR

(2) evidence of academic training from a Faculty-approved training centre providing training for doctors wishing to sit the AFOM. A certificate of satisfactory completion of academic training must be submitted before candidates sit the exam (see A10)

(c) provide evidence that they are employed in a post (full- or part-time) that involves the practice of occupational medicine, or must have held such a post for at least 6 months within the 12 months prior to receipt of the application to sit the examination. Part-time posts must be, or have been, at least 9 hours per week and must include the practice of occupational medicine as a substantial component of that work.

## THE AFOM EXAMINATION

A3 Candidates will be required to pass the AFOM examination, which will normally be conducted twice a year, in January and in June. The standard required is that of a competent occupational physician (as defined in the GMC's Good Medical Practice and in the Faculty's Good Medical Practice for Occupational Physicians) with at least five years of continued clinical experience. The examination will consist of six sections:

Section 1: Written Paper 1

Section 2: Written Paper 2

Section 3: Photographic material examination  
Section 4: Oral examination  
Section 5: Journal examination (written and oral)  
Section 6: Clinical examination.

Sections 1 to 5 are worth 100 marks each. The Clinical examination will be examined on a pass or fail basis overall

- A4 The examination will normally be held over three days. The written papers and photographic material examination will be held on the first day at one centre only. The clinical and oral examinations will normally be held on consecutive days in the following week at one or more centres.
- A5 Each paper in the written examination will comprise five compulsory questions. All sections in each question are compulsory. Each question is worth 20 marks.
- A6 The photographic material examination will require candidates to answer multiple choice questions about photographs of relevance to occupational health practice.
- A7 The clinical examination is in an OSCE (Objective Structured Clinical Examination) format. It is based on three 30 minute stations involving 5 short cases at station A, a mental health case at station B and a disability case at station C. Please see Annex 4.
- A8 The oral examination will be conducted by one pair of examiners. Photographs, radiographs, other material or items relevant to occupational health practice may be used by the examiners.
- A9 The journal will be the subject of a separate oral examination by another pair of examiners. The journal should be in the form of three case studies/written reports covering different aspects of occupational health. One of the reports is to be based on a visit to, and assessment of, a workplace, and one is to be based on a clinical case(s) seen and examined by the candidate. The third report may cover any other aspect of occupational health which the candidate has encountered. The reports should demonstrate that the candidate is able to apply the principles of occupational health in practice. The required amount of copies of the journal (see Annex 3) must be submitted with the application form. Details of the required format of the journal can be found in the Guidance Notes. Equal marks will be given for the written journal and its associated oral examination.
- A10 Applications for admission to the examination must be made by the closing date ie. 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.facoccmmed.ac.uk](http://www.facoccmmed.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. Candidates who are on a training course which will not be completed until after the closing date for application, should indicate this with their application and then submit evidence of satisfactory completion prior to the date of the examination. In the case of those candidates, for example, undertaking a Master's degree where the first part of the degree course is specifically designed to prepare the candidate for the AFOM examination, confirmation by the training centre that the candidate has satisfactorily undertaken that part of the course will be accepted. Candidates who fail to provide such evidence will not be awarded the AFOM. It is expected, for

confirmation of satisfactory completion of training, that candidates will have attended at least 90% of that part of the course which covers the academic component of the AFOM syllabus. All applications must be accompanied by the fee (see Annex 5 General Faculty Examination Regulations) together with the required amount of copies of the journal as described in Annex 3. Details of times and places of examinations will be available to candidates well before the due dates.

#### MARKING AND RESULTS

- A11 Candidates will be required to pass the clinical examination and four of the remaining five sections. Equal weight will be given to these five sections (two written papers, photographic material, oral and journal examinations). The pass mark for each section and overall will be fifty per cent. Candidate's marks in the photographic section will be adjusted to a common standard between examinations. In addition, candidates must score not less than twenty-five per cent in any section.
- A12 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.

#### REFERRALS

- A13 Candidates who pass the clinical and/or journal sections, but fail the examination as a whole, will not be required to take these section(s) should they undertake the examination again at any time up to 5 years from the date they passed the clinical and/or journal sections. After 5 years the relevant section(s) must be taken again.
- A14 Candidates who pass the journal section will carry forward the marks gained to any subsequent resit within the ensuing 5 years. Candidates who failed the journal section of the examination under the previous Regulations should ensure that the journal they submit complies with the current Regulations.
- A15 Candidates who have failed the clinical section but have passed the remainder of the examination within the last 5 years will only be required to resit the clinical section. Thereafter candidates will be required to resit the whole examination.

# SYLLABUS FOR THE AFOM EXAMINATION

The purpose of the AFOM syllabus is to provide a guide to candidates, trainers, and teaching centres on the subject areas that have to be covered for the AFOM examination. The examination is aimed at assessing the extent of knowledge, occupational medicine experience, problem solving ability, and clinical and occupational medicine skills. Candidates should have sufficient knowledge, understanding and skills in the subjects listed to demonstrate their ability to use occupational medicine principles in the prevention of occupational ill health and injury, and improvement of health, safety and welfare of people at work.

At the AFOM examination, candidates will be expected to have a general understanding of work processes and industrial technologies, show an ability to deal with clinical, management, and occupational health problems encountered in the workplace, critically evaluate epidemiological and statistical data, and be familiar with current occupational health issues. Derivation of statistical formulae and detailed calculations for which a calculator is essential will not be required for the AFOM examination.

## PRINCIPLES OF OCCUPATIONAL HEALTH

Definition of occupational health

Terminology and concepts

- Biological monitoring and biological effect monitoring

- Environmental monitoring

- Medical surveillance and health surveillance

- Occupational Exposure Standards

History and development of occupational health

Philosophy and ethics

The multidisciplinary approach and appreciation of the roles and expertise of other professionals

The importance of the occupational history A systematic approach to a factory visit/walk-through survey

## STRUCTURE AND FUNCTION OF OCCUPATIONAL HEALTH SERVICES

Occupational health services in the UK

The Health and Safety Executive (HSE)

The Employment Medical Advisory Service (EMAS)

Private group industrial health services

Occupational health in industry

Occupational health in the NHS and Local Authorities

Occupational health in the Armed Forces

Academic occupational health

International occupational health

- The role of international agencies

- Occupational health in developed and developing countries

- The European Community: organisations and directives

Structure, organisation and management of occupational health services for large and small enterprises  
Relationships and interactions between management, trades unions, and occupational health professionals  
The role of audit in the delivery of occupational health services

#### EFFECTS OF WORK ON HEALTH

Aetiological agents (physical, chemical, mechanical, biological and psycho-social)  
Occupational diseases; historical and recently-described conditions  
Differential diagnosis of acute and chronic occupational disorders  
Distinctions between occupational and non-occupational disorders

#### EFFECTS OF HEALTH ON WORK

Pre-employment and periodic medical examinations  
Medical aspects of fitness to work  
Rehabilitation and redeployment  
Medical aspects of sickness absence and retirement

#### OCCUPATIONAL MENTAL HEALTH

Alcohol, drug and substance abuse: effects on occupational health and safety  
Psychotropic medication and work  
Stress at work: identification and stress management programmes

#### CLINICAL OCCUPATIONAL MEDICINE

Pathophysiology of occupational disease  
The clinical approach to investigation, diagnosis, management and prevention of cases of occupational ill health

#### OCCUPATIONAL HYGIENE AND SAFETY

Recognition, evaluation and control of hazards: instruments and methods  
Industrial accidents and prevention  
Ergonomics and workplace design  
Personal protective clothing and equipment  
Risk assessment and risk management

#### OCCUPATIONAL TOXICOLOGY

Principles of toxicology  
Acute and chronic effects  
Dose-effect responses and sensitisation  
Carcinogenesis; mutagenesis and teratogenesis  
Acute poisoning and emergency treatment

#### SOURCES OF INFORMATION AND USE OF COMPUTERS

For collection and evaluation of data  
For administration of occupational health departments  
For epidemiological and statistical analyses



## EPIDEMIOLOGY AND STATISTICS

### Descriptive statistics

- Summary indices: measures of central tendency and dispersion

- Data presentation: charts, graphs, histograms

### Principles of statistical inference

- Confidence limits

- Hypothesis testing and statistical significance

- Statistical power and sample size

- Correlation and regression

### Measures of disease occurrence

- Incidence, prevalence and mortality

- Proportional morbidity and mortality

- Relative risk, odds ratio, attributable risk

### Descriptive epidemiology

- Routine statistics of occupational mortality and morbidity

- Standardisation

### Analytical epidemiology

- Survey and research methods

- Repeatability and validity of measurements

- Sensitivity and specificity

- Cohort, cross-sectional and case-control studies

- Data interpretation: bias, confounding and chance

- The "healthy worker" effect

## OCCUPATIONAL HEALTH LAW

The law in relation to occupational health, safety and welfare

Principles and rationale of legislation

Surveillance and reporting of occupational diseases

State compensation and civil law for occupational injury and disease

## OCCUPATIONAL HEALTH MANAGEMENT

Managing an occupational health service

Management structure and industrial relations

Team work, time and project management

Communication and presentation skills

Basic management skills: negotiating, interviewing, teambuilding, leadership, budgeting and financial management

## OCCUPATIONAL, ENVIRONMENTAL AND PUBLIC HEALTH

Health education and health promotion

Air, water and soil pollution

Workplace emissions and community health

Food hygiene and health screening of food handlers

Disposal of hazardous waste

Environmental health legislation and enforcement

## GENERAL PROFESSIONAL TRAINING

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It is a requirement for Associateship of the Faculty that candidates shall provide evidence of adequate and acceptable General Professional Training (GPT). The same stipulation is made for those who seek to enrol for specialist 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 Senior House Officer (SHO) posts accepted for the purpose. General Practice Vocational Training (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 SHO posts (not necessarily restricted to hospital practice) can offer such experience.

POSTS SUITABLE FOR GENERAL PROFESSIONAL TRAINING IN OCCUPATIONAL MEDICINE  
(In general any suitable post for other JCHMT specialties or General Practice )

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

# GUIDANCE TO CANDIDATES FOR THE AFOM EXAMINATION

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Regulations governing the AFOM 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 AFOM examination.

## WRITTEN PAPERS

The two written papers will contain questions on any part of the syllabus. At least one of the questions will be a practical exercise in statistics, epidemiology or data interpretation. All questions are compulsory.

## PHOTOGRAPHIC MATERIAL EXAMINATION

The photographic material examination will last forty minutes. Candidates will be required to answer multiple choice questions on a series of photographs presented in a booklet format which may show radiographs, pictures of clinical conditions, work situations, protective equipment or clothing, occupational hygiene equipment, or other relevant material. A negative marking scheme is not used.

## CLINICAL EXAMINATION

Candidates for the clinical examination may find it advantageous to revise their clinical skills by attending a suitable course or by a short-term attachment to a hospital unit. Some familiarity with investigative procedures and of basic therapeutics will be of advantage, but candidates will not be expected to have the detailed knowledge appropriate to a practising specialist in general medicine. *Please see Annex 4 for detail on the OSCE Syllabus.* The patients used for the clinical examination will be those with occupational disorders and/or general medical cases and/or those with well-defined clinical signs. Additionally, professional role players may be used as patients. Such cases will be used to test the ability of candidates to take an occupational history, demonstrate their proficiency in basic clinical skills and discuss the relevance of the clinical findings to occupation. Candidates will be expected to discuss differential diagnoses and be generally aware of the most common treatments and any relevant occupational implications: detailed knowledge of treatment regimens is not required.

**Format for the AFOM OSCE Exam** The AFOM OSCE examination will comprise:

- (a) A three station circuit with each station lasting 30 minutes with 5 minutes between each station. Each circuit will take 100 minutes. Candidates may commence at any of the three stations.
- (b) The format of the stations will be:
  - (1) **Station A** Five short cases of 6 minutes each with patients drawn from the typical spectrum that an Occupational Physician could reasonably expect in daily practice eg a musculoskeletal, abdominal, neurological, respiratory, cardiac, dermatological etc.
  - (2) **Station B** A mental health case. Role players may be used for the mental health

patients. There is considerable evidence that the use of role players for such cases improves consistency. Specific written instructions will be provided to the candidate in the 5 minute interval 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. The 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 examiner will question the candidate in regard to clinical, ethical and employment issues pertinent to the case in question.

- (3) **Station C** A disability case. Written instructions will be provided to the candidate in the 5 minute interval prior to commencing the station. Typically, the candidate will be given 20 minutes to obtain an appropriate history and undertake a specific examination (e.g. examination of the respiratory system). During the final 10 minutes the examiners will question the candidate on aspects of the case.
- (c) Each station will have two examiners who will see all candidates undertaking that station. The examiners will ask all candidates the same or similar questions and use a pre-designed marking scheme for each case.
- (d) Depending on the number of candidates, it may be necessary to run two circuits simultaneously. In order to standardise the assessments as far as practicable, each station in the two circuits will have broadly similar cases with the same tasks and questions.

Candidates whose performance in the clinical examination falls below a standard consistent with a demonstration of fitness to practice will be invited to meet the Academic Dean to agree a programme of remedial measures.

## ORAL EXAMINATION

Questions on the oral examination may cover any parts of the syllabus and may feature items from occupational health practice as a focus for questions. Candidates will spend 20 minutes with a pair of examiners.

## JOURNAL EXAMINATION

At a second table, another pair of examiners will ask questions about the journal and related issues. This will also take 20 minutes. The marks for the journal examination will be split equally between the written journal and its associated oral.

The journal is to be in the form of three case studies/written reports covering different aspects of occupational health. One of the case studies/reports is to be based on a visit to and assessment of a workplace, and one is to be based on a clinical case seen and examined by the candidate. The third report may cover any other aspect of occupational health which the candidate has encountered such as audit of practice, clinical governance, epidemiology, health surveillance, industrial relations, management issues, occupational health policy, toxicology or other topics that demonstrate the range of experience and understanding of the candidate.

Candidates are advised that their case studies/reports should be selected to illustrate different aspects of their practice. These case studies/reports should demonstrate that the candidate was not merely carrying out the instructions of the senior doctor/supervisor, but

was fully involved in dealing with the cases and has thought about the various implications of different options in managing the problem. The journal is not intended to be a diary.

An important part of the practice of occupational medicine is good, clear and authoritative written communication with employers and medical colleagues and the journal provides a good opportunity to demonstrate these skills. As the journal is not produced under examination conditions, it is expected that it will be well structured and professionally presented. It is assumed that candidates have access to basic word processing resources and marks may be deducted for poor presentation.

The combined **text** from the three case studies/reports is to be not less than 2000 and not more than 3000 words; candidates are to provide a word count. The examiners will stop marking the journal after 3000 words. The text should be typed with double spacing on one side of the paper only; the pages must be numbered sequentially. Each case study/report should begin on a new page. The journal should have a simple, light-weight binding with a detachable cover sheet. Please do not insert separate pages into individual plastic folders. Four copies of the complete journal should be submitted. A bibliography or references (maximum of 12 per case study/report) should be added if appropriate. Photographs or diagrams may also be used to illustrate the case studies/reports (maximum of 12 per case study/report).

The following notes have been added to further assist candidates with the journal:

1 COVER SHEET: Name of candidate, date of birth, address.

NOTE: The cover sheet will be used by the Faculty Officers to confirm the identity of the candidate only and to ensure the journal is marked with the correct candidate number. The cover sheet will be removed prior to the journal being forwarded to the examiners

2 The journal must be presented as three separate sections in the following order:

A CLINICAL CASE(S)

The clinical case(s) must have been seen and examined personally by the candidate and should demonstrate an understanding of the principles of occupational medicine. It should cover all of the following points and any others that are appropriate to the case:

- Occupational history of patient
- Clinical history and examination of patient
- Possible occupational aetiology of the condition
- Faculty of Occupational Medicine 13
- AFOM Regulations
- Outline of medical management
- Limitation of work capability
- Communication with employer
- Management of rehabilitation
- Long term follow-up

Example:

Dealing with an epileptic fork-lift truck driver

- (a) The case
  - How the case came to be referred to occupational health
  - Your assessment of the driver
  - What information was needed; how was it obtained.
  - What the problems were in terms of fitness to work
  - Any legal implications
  - Who needed to be involved: nurse, manager, supervisor, etc
  - What were the ethical considerations
  - What action ensued
- (b) Discussion
  - The appropriateness of the actions
  - How the case might have been dealt with differently
  - What the controversial or difficult areas were
  - What the candidate learnt from dealing with the case

## B WORKPLACE ASSESSMENT

The workplace assessment should demonstrate the process of hazard identification, risk reduction and continuing surveillance. It should cover all of the following points and any others that are appropriate to the case:

- Description of site and work process
- Hazards identified during walk-through
- Risk assessments that had been carried out and their adequacy
- Further investigations which are needed
- The results of any basic environmental / hygiene measurements carried out
- Conclusions

Example:

Dealing with concern over effects of a chemical used at work

- (a) The case report
  - How the concern came to be referred to the occupational physician
  - What was the chemical used
  - What are its health effects
  - What was the process(s) involved
  - Was there any evidence that workers had been affected
  - Were there any legal implications (COSHH, RIDDOR etc)
  - What the problems were in terms of obtaining the correct information
  - What other information was needed
  - Who needed to be involved: company/HSE/outside expertise, etc
  - What action ensued
- (b) Discussion
  - The appropriateness of the actions
  - How the problem might have been dealt with differently
  - What the controversial or difficult areas were
  - Any suggested/proposed research indicated
  - What the candidate learned from the experience

## C OTHER

This will be dependent on the subject of the case study/report. The problem and the candidate's role in managing the problem and its various implications must be clearly stated.

Examples:

- Decisions on pre-employment or pre-placement findings
- Dealing with results from a biological or environmental monitoring exercise
- Helping to implement health and safety legislation eg COSHH, RIDDOR, First Aid Regulations
- Advising on safe handling of a chemical
- Participating in an epidemiological study
- Participating in medical audit
- Setting up or evaluating a surveillance programme
- Dealing with rehabilitation of a worker
- Liaising with public health or environmental health staff in problem solving

LAST PAGE(S):       References/bibliography These are to be listed according to the Vancouver style.

#### GENERAL

Candidates who fail the examination may seek advice by writing to the Academic Dean, who will also arrange suitable counselling, if required.

# AFOM OSCE CLINICAL EXAMINATION

## General

The examination is designed to judge the ability of the candidate to take a history, to elicit physical signs and to interpret them. The standard required is that of a competent (as defined in the GMC's Good Medical Practice) occupational physician with at least five years of continued clinical experience.

Candidates will be required to:

- a. understand the pathophysiology of occupational disease and other diseases or conditions which will have an influence on the potential employability of the patient or worker.
- b. discuss differential diagnoses and be generally aware of the most common treatments and any relevant occupational implications. Some familiarity with investigative procedures and of basic therapeutics will be expected, but candidates will not be required to have the detailed knowledge appropriate to a practising specialist in general medicine.
- c. demonstrate a sound clinical approach to the investigation, diagnosis, management and prevention of cases of occupational ill-health.
- d. demonstrate their understanding of occupational and/or social factors relating to the cases seen and about their relevance to occupational health case management.
- e. demonstrate the ability to communicate relevant aspects of occupational health case management, including risk, with patients and with other professionals.



The following competencies and skills will be required by candidates

SUBJECT AREA	COMPETENCY	SKILL
GENERAL CLINICAL	<p>Have sufficient knowledge and clinical skills to:</p> <p>Obtain brief, as well as comprehensive patient histories, with an emphasis on occupation and exposure</p> <p>Perform complete or focussed physical examinations, as required</p> <p>Select appropriate diagnostic studies</p> <p>Identify the relationship between the complaint and the exposures</p> <p>Provide high quality medical diagnosis and advice on treatment of occupational and environmental injuries and disease Identify non-occupational or environmental factors contributing to the occupational disease or injury</p> <p>Elicit patients' concerns about exposures and establish a therapeutic relationship incorporating risk communication</p>	<p>(a) take and record a general medical history from an individual, including reproductive, social, family and behavioural characteristics;</p> <p>(b) take and record a complete chronological lifetime work history from any person capable of giving such a history, which will include any other activities potentially involving exposure to hazards;</p> <p>(c) for any job description given by a person who has worked in that job, make appropriate enquires of the informant in order to clarify the exact nature of the job or process, the materials used in the job and the condition under which the job was usually performed, to the extent of the knowledge of the informant In addition to the above, the candidate will be able to undertake the following:</p> <p>a) recognise and describe the clinical features of occupational and environmental disorders, and their aetiological factors;</p> <p>b) recognise and describe relevant investigations, their purpose and range of normal findings;</p> <p>c) describe toxicological mechanisms, where relevant, including important interactions with other lifestyle factors, such as medications, tobacco smoking and alcohol consumption;</p> <p>d) describe the impairment, disability and handicap arising from these medical disorders, in particular their effect on a person's ability to work; and</p> <p>e) undertake appropriate investigation, management and referral using an evidence based approach.</p>

IN ADDITION TO THE GENERAL CLINICAL COMPETENCIES AND SKILLS ABOVE, CANDIDATES SHOULD HAVE DEVELOPED THE FOLLOWING COMPETENCIES AND SKILLS

SUBJECT	COMPETENCY	SKILL
CLINICAL EAR, NOSE AND THROAT	Identify; diagnose and manage in the occupational setting patients with common occupational and environmental ear; nose and throat conditions; e.g. allergies; granulomatous disease and chronic inflammatory disorders, nasopharyngeal conditions caused or aggravated by occupational or environmental exposure; including allergies; rhinitis; pharyngitis;	Carry out a competent examination of the ENT system including the detection and assessment of disorders of the auditory canal; the tympanic membrane and the nasopharynx; including: noise induced hearing loss; barotrauma and be able to interpret an audiogram
CLINICAL OPHTHALMOLOGY	Identify; assess and manage occupational eye injuries and disease and refer; where appropriate Identify the visual requirements for various occupations; including regulatory requirements; and correlate with job tasks and job hazards in determining fitness for duty	Carry out a competent examination of the ophthalmological system including the detection and assessment of eye trauma; colour blindness; visual acuity; cataracts; disorders of the vitreous; retinal disorders
CLINICAL CARDIOLOGY	Assess workers with cardiovascular disease and their fitness to work, rehabilitation or redeployment needs. Assess workers for peripheral vascular and cerebro-vascular disease and manage them appropriately Recognise, assess and manage cardiac effects of asphyxiants and other cardiotoxic substances	Carry out a competent examination of the cardiovascular system including the detection and assessment of heart disease; major valvular heart disease in adults; hypertensive cardiovascular disease; atherosclerotic vascular disease; cardiac failure; arrhythmias. Diagnose common abnormalities on ECG.
CLINICAL PULMONARY	Identify and assess, occupational asthma and bronchoreactivity (toluene diisocyanate sensitisation, exposure to inhaled allergens, byssinosis, reactive airways disease) Pneumoconioses. Irritant inhalations e.g. acids, alkalis, oxides of nitrogen, phosgene, phosphine Chronic obstructive pulmonary disease Hypersensitivity pneumonitis	Carry out a competent examination of the respiratory system including the detection and assessment of asthma; acute and chronic respiratory failure; pneumoconiosis; interstitial lung disease; chronic bronchitis and emphysema lung cancer; pleural disease; infections of the lung. Perform diagnostic tests, including spirometry, and interpret results of diagnostic investigations

CLINICAL ABDOMEN	Recognise diseases and disorders of the alimentary tract and pancreas, the liver and biliary system, the kidney and genitourinary system, the haematological system and the reproductive systems.	Carry out a competent examination of the abdomen to include the detection of physical signs relating to disease processes that may present with abdominal pathology.
CLINICAL MUSCULO-SKELETAL	Recognise diseases and disorders of the musculo-skeletal system	Carry out a competent examination of the musculo-skeletal system including the detection and assessment of disorders of the musculo-skeletal system with particular reference to the following anatomical areas: cervical; thoracic or lumbar spine; shoulder and elbow; wrist and hand; knee; ankle and foot
CLINICAL NEUROLOGY	Perform neurological and mental state examinations and assess occupational and environmental neurological disease or injury and fitness for work	Carry out a competent examination of the neurological system including the detection and assessment of peripheral neuropathy; toxic neuropathy; epilepsy; stroke; narcosis; neuropsychological problems; parkinsonism
CLINICAL PSYCHIATRY	Take a complete psychiatric and psychosocial history and perform a mental state examination	Carry out a competent mental state examination including the detection and assessment of work stressors and advise on appropriate organisational remedial and preventive measures; as well as to treat and rehabilitate the worker. Identify and manage the impact of psychological conditions on fitness for work alcohol and other substances abuse disorders; post-traumatic stress disorder; somatoform disorders; psychoses; affective disorders; adjustment disorders Assess the impact of psychotropic medication on fitness for a specific job
CLINICAL DERMATOLOGY	Undertake clinical differential diagnosis of skin diseases and occupational causes by history; examination and diagnostic evaluation	Carry out a competent examination of the skin including the detection and assessment of allergic contact dermatitis; skin neoplasia; especially due to coal tar; UV radiation; or ionising radiation; irritant contact dermatitis occupational acne; including chloracne; atopic eczema psoriasis; occupational pigmentary disorders including vitiligo; interpret patch tests

CLINICAL REPRODUCTIVE MEDICINE	Understand the risks of physical, chemical, biological and organisational occupational and environmental exposures to reproduction, and effects on male and female fertility, on pregnancy, the foetus and the breast-fed infant	Assess workers who may be exposed to such risks at work and advise assessment of the risk and appropriate case management including suitable employment.
CLINICAL HAEMATOLOGY AND ONCOLOGY	Evaluate patients, clinical data and exposure data to render opinions regarding causation in cases of suspect occupational or environmental cancer	Assess and diagnose the known adverse effects of workplace exposures on the haematological system and the known adverse effects on other systems of substances known, or suspected to be, carcinogens
PHYSICAL HAZARDS	Diagnose and manage injuries associated with physical hazards	Assess the effects on body systems of heat (heat stress; heat stroke; etc); cold (hypothermia; frostbite; non-freezing cold injury etc); radiation; Lasers; vibration and sound
CLINICAL EMERGENCY MEDICINE AND SURGERY	Demonstrate the ability to perform common emergency medical and surgical procedures within the context of an occupational health setting	e.g.: Basic First Aid; maintenance of an airway; insertion of nasopharyngeal airway; mouth to mouth resuscitation; defibrillation techniques; spinal care; splinting of fractures; grand mal convulsion
DISABILITY MANAGEMENT & WORK FITNESS	Assess disability and fitness for work Advise on rehabilitation and redeployment	Determine the degree of impairment and disability which may present in an injured or ill employee and determine capacity for work

# GENERAL FACULTY EXAMINATION REGULATIONS

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## 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, 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 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.facocmed.ac.uk](http://www.facocmed.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 closure date will not normally be entitled to a refund of fees.
- F9.** There will be a separate fee to be paid for the award of the diploma on successful completion of the examination.

## 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 may 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	MCQ <sup>(1)</sup>	MEQ <sup>(2)</sup>	Written Paper	Clinical exam	OSPE	Oral exam	Portfolio & viva	Photographic material	Journal
<b>Exam</b>									
MFOM Part 1	X								
MFOM Part 2	X	X			X				
DOccMed	X						X		
AFOM*			X (3)	X		X		X	X
DAvMed			X (4)			X			
DDAM	X	X		X					

**Table 1: Examination components**

**Notes:**

1. Multiple Choice Question paper
2. Modified Essay Question paper
3. Two papers
4. Two papers [each include MCQ and Modified Essay Questions]

\* The AFOM examination is being withdrawn in 2010.

**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 be displayed on the examination paper.

**F13.** Since there are differences in the degree of difficulty of each examination, the examination assesses the candidate's performance in relation to a standard set by the examiners. As a result, the pass mark and the pass rate may vary at each examination, but the results may be and often are standardised, such that 50% represents a pass.

## EXAMINERS

**F14.** Examiners are appointed and trained by the Faculty. 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 Chief Examiner's feedback on problem areas of performance. Results will not be provided by telephone under any circumstances. To comply with the Data Protection Act 1998, candidates will have access on request to any information held on them by the Faculty. Papers will be retained until the commencement of the next diet of that examination. Candidates who wish to apply for copies of their marked scripts (other than machine-marked MCQs) may apply to the Academic Dean; an administrative charge will apply.
- F16.** In the event of a candidate wishing to make an enquiry about his or her performance, or to submit any comments following an examination, these should be directed in the first instance to the Examination Coordinator at the Faculty Offices who will ensure that they are passed onto the appropriate officer. Under no circumstances are candidates to contact the Examiners, Deputy Chief Examiners or other officers directly at their place of work or at their personal address.

## APPEALS

- F17.** If a candidate is dissatisfied with a decision related to 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 appeal relates was issued. Applications made after this time cannot be considered under the Appeals 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 Appeals Rules and Procedures:  
<http://www.facocmed.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 Appeals 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 Appeals 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 Appeals Procedures will specify the items that must be included in a notice of formal appeal under regulation F19. The appellant must also submit an appeal fee, the scale of which is defined in an annex to the Appeals 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 Appeals Procedures, then the appeal will be deemed to have failed. No allowance of extra time will be made if mandatory items are missing.

*Guidance on regulations F17-F22, including further details of required timelines, procedures and potential outcomes, can be found at: <http://www.facocmed.ac.uk/library/docs/appealsrules2010.pdf>*



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